SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

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SPECIAL NOTICE TO MEMBERS

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs.

MATTERS REFERRED TO DIVISIONS

British Medical Association

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Preliminary.

Obituary.

125. The following is a supplementary list of Members whose deaths the Association deplores:—

Prof. John Anderson. President Hong Kong Branch.

Dr. George Duncan Morrison Beaton. Chairman Blackburn Division.

Mr. Henry John Blakesley, F.R.C.S. Vice-President 1905, Section of Surgery. Chairman Leicester and Rutland Division.

Sir Byrom Bramwell. Secretary, 1883, Vice-President 1885, Section of Medicine; President, Section of Neurology, 1898. President of Edinburgh Branch.

Dr. John Farquhar Christie. Member of Council. Secretary, 1914, President, 1921, Section of Dermatology.

Dr. Thomas Robinson Glynn, F.R.C.P., Member of Lancashire and Cheshire Branch Council.

Dr. Arnold Saxty Good. Chairman Barnstaple Division.

Dr. Wm. Ayton Gostling. President Sussex Branch.

Dr. John Owen Jones. Chairman Denbigh and Flint Division.

Dr. Walter Smith Kay. President of Section Psychological Medicine, 1908.

Dr. James Laurie. Member of Scottish Committee. Chairman Renfrewshire and Buteshire Division.

Dr. George Robert Lawless. Vice-President Section of Psychological Medicine, 1909.

Dr. Thomas Crichton Mugliston. Member of Council.

Mr. Thomas Redmayne. Member Executive Committee Hastings Division.

Prof. James Lorrain Smith. Vice-President Section Pathology, 1904; President, Section Pathology and Bacteriology, 1920 and 1927.

Dr. John Steele. Member Executive Committee Cleveland Division.

Dr. John Edward Thomas. President North Wales Branch.

Dr. Alfred Tuthill. Chairman Bournemouth Division.

Dr. Thomas Harold Waddington. Chairman Leeds Division.

Sir Herbert Furnivall Waterhouse. Secretary, 1895, President, 1922, Section of Diseases of Children.

Dr. David Minto Airlie, Dr. John Binford Barnett, Dr. Frederick McKelvey Bell, Dr. George Bevir, Dr. Wm. Caithness, Dr. Herbert Alfred Clowes, Dr. Alfred Philip Coker, Dr. Evelyn Amy Constable, Dr. John Campbell Douglas, Dr. Myles Fitzgerald Fallon, Dr. Wm. Henry Frederick Fenn, Dr. Morris Frederick Horsley Gamble, Dr. Keith Morison Garrett, Dr. John Francis Gibbons, Dr. Douglas James Thomson Glennie, Dr. Evan John Griffiths, Dr. James Campbell Hall, Dr. Allan Hopkins, Lt. Col. Andrew Hosie, C.M.G., Dr. Harry Feeney Hyde, Dr. John Arthur Jones, Dr. Robert John Jones, Dr. Jessie Lamb, Dr. Samuel Armstrong Lane, Dr. John Adrian Lynch, Dr. Gavin McCullum, Dr. Alexander Wm. McGregor, Dr. John Mackenzie, Dr. Alexander McGaw McMillan, Dr. Wm. Thomas Melling, Dr. James Graham Miller, Dr. Sydney Wood Milner, Dr. Charles Henry Molloy, Dr. Patrick Mary Moore, Dr. Robert Murdoch, Dr. George Clement Neilson, O.B.E., Dr. Wm. Dallas Paterson, Dr. James Murray Renton, Dr. T.O'L.Reynolds, Dr. Florence Maud Robinson, Dr. John Rowat, Dr. Charles George Skinner, Dr. Charles Swanston, Dr. David Thomas, Dr. Harold Wolferstan Thomas, Dr. Andrew Thomson, Dr. John Wilson Tonks, Dr. James Cameron Turnbull, Dr. Arthur Gerald Welsford.

Representatives of Association on Outside Bodies.

(Continuation of para. 10 of Annual Report).

126. The following further appointments have been made:—Court of Governors of the University College of South West of England: Mr. Russell Coombe; Council of Lister Institute of Preventive Medicine: Prof. W. E. Dixon, F.R.S.

HONOURS.

127. The Council has pleasure in reporting that His Majesty the King has conferred the following Honours on the Members of the Association named :—

K.C.V.O.

Samuel Guise Moores, K.C.B., C.M.G., Isle of Wight.

Knighthood.

Pendrill Charles Varrier-Jones, Papworth Everard.
Samuel Rickard Christophers, Punjab.

PRESENTATION OF THE GOLD MEDAL OF THE ASSOCIATION TO MR. N. BISHOP HARMAN AND DR. ALFRED COX.

128. The Council has decided to present the Gold Medal of the Association to the Treasurer (Mr. N. Bishop Harman) in recognition of his distinguished work in Ophthalmology and of the valuable services he has rendered to the Association; also to the retiring Medical Secretary (Dr. Alfred Cox) in recognition of the valuable and devoted services which he has rendered to the medical profession and to the Association during his long tenure of the office of Medical Secretary of the Association.

129. Mr. Bishop Harman's long and devoted services to the Association are within the knowledge of all who have taken an interest in the Association during the past 20 years. As a hard working officer of the Metropolitan Counties Branch, as a member of the Council, as Treasurer of the Association for the last eight years, and as a man who has always been willing to place his special professional knowledge and a very great deal of his time at the disposal of the Association, the Council feels that he will be regarded by the whole Association as a worthy and acceptable addition to the list of those who have received this, the highest honour at the disposal of the Association.

130. Dr. Cox was appointed Deputy Medical Secretary in July, 1908 and Medical Secretary in December, 1911, and this latter position he will continue to hold until September 30th, 1932. The efficiency and zeal which Dr. Cox has brought to the duties and responsibilities of his office have been largely instrumental in promoting the success and influence of the Association, and his intimate knowledge of professional affairs in all branches of practice and his steady judgement have contributed in no small measure to the maintenance of consistent policy and to the effective representation of the medical profession in public affairs. The Council is confident that the award of the Gold Medal of the Association to Dr. Cox will be accompanied by the gratitude, regard and goodwill of the members of the Association which he has so long and so loyally served.

PRACTITIONERS OF PHYSICAL MEDICINE GROUP.

131. The Council has acceded to the application of a number of members for the formation, under the Group machinery of the Association, of a Practitioners of Physical Medicine Group consisting of those members of the Association who have specially studied the values of physical methods in the prevention and cure of disease and whose practice is predominantly devoted to the application of these methods.

PROMULGATION OF POLICY OF ASSOCIATION.

132. In view of the terms of Minute 195 of the Annual Representative Meeting, 1930:—

> *Minute* 195.—Resolved: That the Representative Body of the British Medical Association having adopted the Reports of the Encroachments on the Sphere of Private Practice; a Maternity Service Scheme; a General Medical Service for the Nation; and the revised Hospital Policy as contributions of the medical profession towards the solution of the problem of an efficient National Health Service for the Nation, instructs the Council to make every endeavour, by use of the central and local organisations of the Association, to secure the acceptance by the central and local health authorities, voluntary bodies (hospitals, contributory schemes committees, approved societies, employees' associations, etc.), as well as by all groups in the medical profession, of the principles advocated therein, reporting from time to time to the Representative Body the progress made with suggestions as to further steps that could usefully be taken in the above direction.

the Council reports as follows as to action taken in connection with the reports therein mentioned

133. The Association's Report on the Encroachments on the Sphere of Private Practice adopted by the Annual Representative Meeting, 1929, was in effect an exhaustive examination of the relationship of private medical practice to medical practice carried out by whole-time officers of local authorities, and from it was developed the Association's Proposals for a General Medical Service for the Nation. Some 9,000 copies of the latter report were printed, of which approximately 2,200 were issued gratuitously to the Ministry of Health, Welsh Board of Health, and Department of Health for Scotland, the more important Approved Societies, the Press, chairmen of Health Committees of local authorities and clerks to Insurance Committees, Members of House of Commons and of the Northern Ireland Parliament, all Medical Libraries in the country, the Board of Education, Insurance Associations, Local Authorities' Associations and a number of outside associations. Nearly 4,000 copies have been sold to the general public, and the Report has obtained a great deal of public attention, most of it favourable. In addition the Report has been the subject of discussion by many Divisions, and the Medical Secretary was invited to explain it to a large meeting of the Southern Branch of the British Dental Association, where it was favourably received and seems likely to be the means of stimulating that body to a further study of the question as it affects the dentist.

134. Of the National Maternity Service Scheme of the Association adopted by the A.R.M. 1929, 3,000 copies were printed and approximately 700 were issued gratuitously in the Autumn of 1929, to Divisions and Branches in England, Scotland, Wales and Northern Ireland, the Press, and medical officers of health. Nearly 1,200 copies have been sold.

135. Every opportunity has been taken to bring home to the profession and to the interested portions of the lay public the above-mentioned Reports of the Association, and it is safe to say that the Proposals for a General Medical Service and the National Maternity Service Scheme received far greater publicity than any other Report issued by the Association within recent years. The attention of the Minister of Health was drawn to the Proposals for a General Medical Service by a deputation which was informed that they had received careful consideration by the Minister. As will be seen from the National Health Insurance section of the present Report, one aspect thereof, namely, the question of the inclusion of the dependants of insured persons is under discussion with the Minister of Health.

136. At the present moment all interested bodies are awaiting the issue of the Maternity Service Scheme which it is understood the Minister of Health has under consideration; it will then be seen how far the Association's proposals have influenced the Minister in the preparation of his scheme.

137. The action taken in connection with the Hospital Policy of the Association is dealt with fully in paragraph 103 of the Annual Report of the Council, but it may be of interest to members to know that 13,500 copies of the Policy were printed of which nearly 12,000 were issued gratuitously to local authorities and their medical officers, to the Chairmen of voluntary hospitals and the members of the medical staffs thereof. Some 700 copies have been sold.

Organisation.

BALANCES IN HANDS OF BRANCHES AND DIVISIONS IN ENGLAND OR WALES, ON DISCONTINUANCE OR TRANSFER.

138. In connection with the position which is likely to arise soon after the Annual Representative Meeting, 1931, owing to reorganisation of the areas of certain Branches and Divisions, the Council has considered the question of the disposal of such balances as the Branches or Divisions may have at the time of their discontinuance or transfer as the case may be. The Council, in general, has decided that balances remaining in the possession of Branches or Divisions which are being discontinued or transferred, be handed over to the new bodies which are taking their respective places. In some cases, however, it will be necessary where a Branch is being discontinued to return to the Council any cash balance. Full instructions will be sent to the bodies concerned.

FINANCING OF NEW BRANCHES IN ENGLAND OR WALES, 1931.

139. Also arising out of the question of the proposed reorganisation of areas in England or Wales referred to in the preceding paragraph, the Council has decided to make any needed grants to new Branches in England or Wales which are being formed in the latter half of 1931 or beginning of 1932, pending settlement, in May, 1932, of the grants for 1932 under By-law 28.

Public Health.

(Continuation of paras. 81-5 of Annual Report.)

FEES PAYABLE BY LOCAL AUTHORITIES TO MEDICAL PRACTITIONERS CALLED IN ON THE ADVICE OF MIDWIVES.

140. A deputation from the Association has had a preliminary discussion with representatives of the Ministry of Health in regard to Minute 144 of the A.R.M., 1930, which seeks to amend the scale of fees approved by the Ministry for medical practitioners called in on the advice of midwives. It is anticipated that a further discussion will take place in the near future.

MEMORANDUM OF AGREEMENT AS TO SALARIES OF WHOLE-TIME PUBLIC HEALTH MEDICAL OFFICERS.

(Continuation of paras. 82-3 of Annual Report.)

141. A Report is being prepared regarding the attitude of individual local authorities in respect to the adoption and application of the Memorandum of Agreement; when this is completed the question of further action will be considered.

PUBLIC HEALTH APPOINTMENTS.

142. From 21st June, 1930, up to and including 13th June, 1931, the Council has dealt with matters relating to 342 appointments under the "Memorandum of Agreement as to Salaries of Whole-time Public Health Medical Officers," and appointments under the "Scottish Scale." In 314 of these a salary, according to the appropriate section of the Memorandum of Agreement, was either offered in the first instance or secured after negotiation.

PUBLIC ASSISTANCE APPOINTMENTS.

143. Advice and assistance have been given in respect of a number of appointments under Public Assistance Committees, but the Council has been greatly hampered in this work by the absence of adequate information as to the work done in the past by Poor Law Medical Officers. The Divisions have been asked to urge upon these officers the importance of keeping full records of the work they are doing. Many cases affecting the compensation of Medical Officers whose appointments have terminated consequent upon the operation of the Local Government Act, 1929, and questions relating to the superannuation of transferred officers, have been dealt with.

MODEL BY-LAWS WITH RESPECT TO NEW STREETS AND BUILDINGS.

144. The Council is of opinion that the Model By-laws relating to New Streets and Buildings issued by the Ministry of Health in 193[illegible] require amendment in respect of those clauses prescribing the arrangements for sanitary fixtures, position and connections of lavatories, baths, water-closets, etc., and is submitting to the Ministry a reasoned statement urging the amendment of these By-laws and intimating that the Association is prepared, if so desired, to send representatives to discuss the matter with representatives of the Ministry.

The Society of Medical Officers of Health is co-operating with the Association in this matter and the Technical and Economic Advisory Council of the Royal Institute of British Architects, on which the Association is represented, is being asked for its support.

DEPARTMENTAL COMMITTEE ON RECRUITMENT OF LOCAL GOVERNMENT OFFICERS.

145. The Departmental Committee on Recruitment of Local Government Officers is considering matters concerning recruitment, training and promotion of Local Government Officers, and the Council has decided to submit a memorandum based on resolutions of the Council and the Representative Body on the various matters within the Committee's reference. This memorandum will include a suggestion that special consideration be given to (1) medical officers in view of their late age of entry to the public health services, and (2) specialist medical officers who, subsequent to registration, require special training to fit them for their duties.

MIDWIFERY ENQUIRY.

146. Arising out of the Association's Report on Puerperal Morbidity and Mortality, an enquiry is being conducted in order to establish a substantial body of data and statistics in regard to the results of attendance on midwifery cases in private practice.

At the present time 258 medical practitioners have contributed to the Association's records, and these are being analysed and tabulated. It is hoped to prepare a report next session based on this analysis.

UNIFICATION OF HEALTH SERVICES.

147. In previous Annual Reports the Council referred to the non-success of the action it took during the passage through Parliament of the Local Government Act, 1929, to secure the inclusion in the Act of a clause providing that on the transference of the public health services from Boards of Guardians to Local Authorities it would be compulsory upon the latter to administer those health services under the appropriate Acts and not by way of poor law relief. The Association in furtherance of its policy prevailed upon the Ministry of Health to give a strong lead to Local Authorities in favour of the Association's policy, and Divisions and Branches were urged to take local action in furtherance of that policy. The position is, therefore, that it is optional upon a Local Authority to decide whether or not the health services in question shall be administered through the appropriate Acts or by way of poor law relief. Whilst a number of Local Authorities have adopted the policy of the Association in this matter the position throughout the country as a whole is unsatisfactory. The Council, therefore, urges upon those Divisions and Branches, the Local Authorities in whose areas are still administering various public health services by way of poor law relief, the necessity for taking all suitable action locally in order that a further step may be taken towards securing the unification of the health services of the nation.

RELATION OF SESSIONAL FEES TO SALARIES.

148. In view of developments resulting from the passing of the Local Government Act of 1929, the Council has under consideration the question of the relationship of part-time to whole-time salaries in England and Wales, and as a first step decided to deal with the remuneration of members of the visiting medical staffs of council (general) hospitals as being the most urgent aspect of the matter.

149. The Council is of opinion that no future determination of the remuneration of members of the staffs of council (general) hospitals and the transferred poor law infirmaries should be made until after the local profession has been consulted by the local authority as to the conditions attaching to the appointment, and it has urged the Divisions to take the necessary steps to this end.

150. The following decisions have been adopted by the Council with respect to the remuneration of part-time consultant members of visiting medical staffs of council (general) hospitals for the guidance of the Central Office and Divisions. It is not proposed at this stage even if time had permitted, to recommend these views to the Representative Body for adoption as policy of the Association. This will be considered later when fuller information is available.

(a) That where the part-time consultant visiting staff have responsible charge of beds (under the administrative control of a Medical Superintendent) in a council hospital, and are available for consultant services to all cases in the hospital at the request of the Medical Superintendent, then the remuneration of such part-time consultant visiting staff should be in accordance with the following:—

(i) That where continuing clinical responsibility is attached to the appointment the annual salary should be not less than £250 per annum where not more than two regular attendances are needed weekly in addition to emergency calls; mileage being paid in addition where necessary.

(ii) That where a regular daily attendance is made a condition of the appointment, the salary should not be less than £500 per annum, mileage being paid in addition where necessary.

(b) That where the part-time consultant visiting staff are called in for services when required by the Medical Superintendant:—

(i) If any consultation session is required, the remuneration for one consultation session, ordinarily of 2 hours' duration per week, should be not less than £2. 12s. 6d., or £125 per annum.

(ii) If an occasional consultation, operation, or other special service, is required the fee should bear suitable relation to the ordinary fees of the area for such service and should be arranged after consultation with the local profession; mileage being paid in addition where necessary in both cases.

151. The question of the remuneration of part-time general practitioner members of visiting medical staffs of hospitals is still under consideration by the Council. It is important that information as to the terms of all such appointments should be communicated to the Medical Secretary, and very desirable that in the meantime such appointments should be of a provisional nature.

Hospitals.

PROVISION OF CONSULTANT AND SPECIALIST SERVICES FOR MEMBERS OF CONTRIBUTORY SCHEMES OR OTHER RECOGNISED BODIES.

(Continuation of para. 99 of Annual Report).

152. The Council is convening a meeting, of consultants and specialists resident in the area of the Metropolitan Counties Branch for the consideration of the proposed establishment of a list or panel of consultants and specialists for the provision of consultant services at reduced fees for certain sections of the community.

Provided adequate support is forthcoming for this proposal at that meeting the Council proposes to take the necessary steps for the establishment of such a list or panel. The area to be covered in the first instance by the list or panel will be the metropolitan area of the King Edward's Hospital Fund for London with the understanding that the list may be extended to provide similar services to the members of recognised bodies elsewhere. It is proposed to arrange the names included in the list alphabetically under the following headings: physicians, surgeons, gynæcologists, dermatologists, oto-rhino-laryngologists, and radiologists, and practitioners in any division will be permitted to have added to their names indications of their specialties.

The criteria which must be satisfied before a practitioner can be admitted to the list are those contained in section (2) of the recommendation in para. 99 of the Annual Report (*B.M.J.* Supplement, April 25th, 1931), and the determination for admission to the list and continuance on the list will rest in the discretion of a Consultants Board. This Board will consist of 3 physicians, 3 surgeons, 2 gynæcologists, 1 dermatologist, 1 oto-rhino-laryngolist, 1 radiologist, and 1 general practitioner, who will be appointed with, it is hoped, the co-operation of the bodies recognised as being able to voice the opinions of consultants and specialists on a matter of this kind. The list when complete will be available for every registered medical practitioner practising in the area.

CONFERENCE OF REPRESENTATIVES OF VOLUNTARY HOSPITAL STAFFS.

153. The Council proposes to hold in the Autumn a conference of representatives of medical staffs of voluntary hospitals in England, Scotland and Wales. The conference will be concerned particularly with the question of recognition of the services of medical staffs of hospitals on the lines of the Association's Policy, the Out-patient Report, and contributory scheme arrangements, as the Council believes that an exchange of views on these subjects will assist in the furtherance of the Association's Hospital Policy.

Medical Benevolence.

(Continuation of paras. 107-112 of Annual Report.)

B.M.A. CHARITIES TRUST FUND.

154. From 1st January to 30th April, 1931, the sum of £1,465 was received for distribution among medical charities at the discretion of the Trustees (as compared with £1,286 for the corresponding period of 1930), and was distributed as follows:—

Royal Medical Benevolent Fund	£775
Royal Medical Foundation of Epsom College	£475
Royal Medical Benevolent Fund Guild	£215

In addition, during the same period, the following amounts, earmarked for the institutions mentioned, were received by the Association and passed on. The amounts received during the corresponding period of 1930 are also given for the purpose of comparison:—

	1930. £	s.	d.	1931. £	s.	d.
Royal Medical Benevolent Fund...	1,337	3	1	1,298	16	9
Royal Medical Foundation of Epsom College	821	6	3	911	14	9
Royal Medical Benevolent Fund Society of Ireland	30	2	0	27	15	0
Sir Charles Hastings Fund ...	121	12	6	561	4	2*
	£2,310	3	10	£2,799	10	8

*Includes £500 from Medical Insurance Agency for relief of distress in New Zealand.

After allowing for the special donation of £500 to the Sir Charles Hastings Fund, it will be seen that there has been a net increase of only £168 in the amount which the Association has been able to pass on to medical charities during the first four months of the year. This is not satisfactory and the Council hopes that every Division will do its utmost to enable the Association to show a much greater increase by the end of the year.

ACTIVITIES OF DIVISIONS.

155. An analysis of the reports of Divisions concerning their activities on behalf of medical charities shows that, in the course of 1930 the following Divisions made a special appeal to their constituents, and the Council desires to place on record its appreciation of their action in doing so:—

Ayrshire, Banff Moray and Nairn, Barnet, Barnstaple, Bishop Auckland, Blyth, Bournemouth, Bradford, Buckinghamshire, Chesterfield, Chichester and Worthing, City, Cleveland, Consett, Darlington, Doncaster, Dudley, Dundee, East Hertfordshire, English, Fermanagh, Fife, Finchley, Gateshead, Glossop, Guildford, Guernsey and Alderney, Harrogate, Hexham, Holland, Isle of Wight, Kesteven, Lewisham, Lothians, Manchester, Monmouthshire, Morpeth, North Carnarvon and Anglesey, North Middlesex, North Northumberland, North Staffordshire, North Suffolk, Portsmouth, Preston, Rugby, St. Pancras, Shropshire and Mid-Wales, Southampton, South-Eastern Counties, South Essex, South Staffs, South-West Wales, Stratford, Tyneside, Wakefield Pontefract and Castleford, Walsall and Lichfield, Warrington, West Cornwall, West Dorset, Westminster and Holborn, West Somerset, West Suffolk, York.

It is realised, of course, that there are areas in which the claims of medical charities are being dealt with by other means, and the Council does not wish to appear ungrateful for the amount of time and energy expended by all those concerned in the organisation of such means of raising funds. At the same time, it is hoped that Divisions will not overlook the main object of the Association's campaign on behalf of medical charities, i.e., to secure an adequate income from annual subscriptions, and experience has amply shown that the most effective method of achieving this is by a special appeal from the Division to those who do not subscribe, backed up by periodical reminders.

LOCAL MEDICAL CHARITABLE FUNDS.

156. The attention of the Council has been drawn to the fact that the number of *local* medical benevolent funds throughout the country is increasing. Some local funds have been in existence for many years, and it is not desired to minimise in any way the useful work they have been able to do. At the same time, it is felt that there are great advantages in having central organisations for the administration of relief to those in need of it. The principal advantage of a central fund is that administration expenses are reduced to a minimum, and this has the obvious effect of making a larger amount available for actual distribution. The Council does not wish to advocate the abolition of existing local funds but would suggest that local bodies before inaugurating local funds, should consider the advantages of directing any donations they may be able to make into the great central organisations. Local activity in collection, with central distribution is in the opinion of the Council the best way of securing results.

PROPOSED CONFERENCE OF CHARITIES SECRETARIES.

157. It was originally intended to hold a Conference of Honorary Charities Secretaries of Divisions during the Annual Meeting at Eastbourne in July, and provisional arrangements were made for it to follow the usual Division Secretaries' Conference on the afternoon of Wednesday, July 22nd. On further consideration, however it has been decided to abandon the original proposal, and to arrange for a discussion on the subject of medical charities to form part of the programme of the Division Secretaries' Conference. It is felt that this will be preferable to the holding of a separate conference late in the afternoon of an already crowded day, and circumstances make it impossible to arrange for a separate Conference at any other time during the Annual Meeting. The altered arrangements will in no way affect the attendance of those Charities Secretaries who have signified their intention of attending the proposed separate Conference, and it is hoped that their presence will result in a very useful discussion on the ways and means of organising appeals on behalf of medical charities.

Wales.

158. It is general knowledge that economic conditions in the coalfields are particularly bad. The coal-mining industry has been suffering from a decline in trade which extends over a longer period than in most industries. This has had a very detrimental effect upon the financial position of doctors practising in the mining areas, and the position of those in South Wales is, perhaps, worst of all. There the colliery or works doctor depends almost entirely upon the money received through the National Health Insurance System, together with the deductions made from the worker's earnings to pay for medical attendance and medicine for the worker's family. With a heavy percentage of unemployed

(many of them probably permanently unemployed as far as the coal trade is concerned) the incomes of the doctors concerned have diminished to such an extent that in many cases practices are being run at an actual loss. The situation is considered to be sufficiently serious to warrant immediate action being taken in an endeavour to find means of enabling these medical men to carry on their practices in the hope that conditions will improve.

The position has been carefully considered by the Welsh Contract Practice Sub-Committee, by the Welsh Committee and by the Council, and also at a well-attended meeting of colliery and works doctors at Cardiff on May 16th, 1931. As a result the Council is taking steps to find out the exact financial position of all the doctors concerned, and, and when this has been ascertained it is proposed to place before the local workers by means of deputations of the local doctors the position of those doctors who are severely hit, supported as fully as possible by the Association and with the personal help of the Medical Secretary, who has had long and intimate experience of Welsh colliery affairs as they affect the medical profession.

Overseas Branches.

WORK OF THE BRANCHES OF THE ASSOCIATION OVERSEAS.

159. The reports of the Overseas Branches, of the Australian Federal Committee, and of the Federal Council of South Africa indicate very extensive activities on the part of these bodies. Some of the more important points arising out of these reports are referred to below.

AFRICA.

The Union of South Africa.

160. The 4th Annual Scientific Meeting of the Medical Association of South Africa (B.M.A.) will be held at Johannesburg during the period 14th-19th September, 1931, and it is proposed to divide the work of the Congress into five main sections, namely, Medicine, Surgery, Obstetrics and Gynæcology, Public Health, and Special Subjects, the latter being divided into Ophthalmology, Otology and Laryngology, Dermatology, Venereology, Radiology and Physiotherapy, Anæsthetics, Pediatrics, Psychiatry and Neurology. The President of the meeting will be Dr. F. H. Napier, O.B.E., of Johannesburg.

During the past year a Society of Medical Officers of Health (State Medicine) has been formed, ordinary membership of the Society being restricted to members of the South African Medical Association (B.M.A.), and other groups on similar lines have also been established.

During the year the Federal Council has discussed, among other matters, the staffing of X-ray departments of public hospitals; public liability insurance, a condition of this insurance being membership of the Medical Association of South Africa (B.M.A.); income tax and expenses of post-graduate study; treatment of pauper patients in hospitals; maternity service; district surgeons' agreement; Workers' Compensation Act (payment for treatment of injured workers); regulations of Bechuanaland Medical Service; evidence at inquests; salaries of school medical officers; conditions, etc., of railway medical officers; treatment of accident cases in hospital; provision for tuberculosis cases.

The Third Annual Scientific Meeting of the Medical Association of South Africa was opened at Durban on 21st July, 1930, by H.E. the Governor General, the Earl of Athlone, under the Presidency of Dr. M. G. Pearson who delivered an Address entitled "Tradition in Medicine." The Conference continued until 26th July and included the reading of papers, presentation of cases, demonstration of Dr. Canti's Cancer Film, plenary sessions, and meetings of the Federal Council. Among the questions discussed was the payment of hospital staffs for attendance on pauper patients. The first award of the Gold Medal for meritorious service rendered to the Medical Association of South Africa (B.M.A.) was made during the session to Dr. William Darley-Hartley, Emeritus Editor of the Journal of that Association, until 1926 Editor of the "Medical Record," and one of the oldest and most highly respected members of the Association in South Africa.

The Journal of the Medical Association of South Africa (B.M.A.) which circulates throughout the whole of South Africa, is published fortnightly and is recognised as the principal organ of medical opinion in South Africa. The membership of the Association in South Africa continues to increase.

The work of the Branches and Divisions throughout the Union shows very satisfactory activity. The scientific side of the profession appears to have been well catered for by the holding of scientific and clinical meetings whereat a great variety of scientific papers have been discussed and interesting cases shown. Medico-politically the Branches and Divisions are also very active.

The Border Branch is making a special effort to obtain a 100 per cent. membership.

The Southern Transvaal Branch held a special meeting in connection with the visit of the Delegates to the Silicosis Conference, and the Branch Council entertained these Delegates to Lunch. The Branch Council, in conjunction with representatives of the local Benefit Societies, has drawn up a scale of fees acceptable to all concerned.

During the year the Cape Western Branch has formed a new Division, Drakenstein, which promises to be very active. The Branch has expressed the opinion that the Association in South Africa is gradually assuming a status that will enable it to be regarded as the final court of medical opinion in that country, and to the attainment of this position the Branch has undoubtedly contributed no mean share.

East and West Africa.

161. Generally speaking the Branches in East and West Africa have reported a year of successful activities, with an increasing membership.

The Nyasaland Branch is taking steps with a view to the appointment of the Director of Medical and Sanitary Services as an *ex-officio* member of the Executive and Legislative Councils.

The Kenya Branch held its Annual Meeting on 21st January, 1931, and succeeding days, and the Branch Council reports that there has been an unusually large amount of business to deal with. Among the items calling for special notice are the consideration of a scheme for a combined hospital; alteration in the management of the European hospital; a proposition for the establishment of a scheme whereby non-official members of the public may obtain medical attention under a contributory scheme; and a new Mental Bill. Several papers in connection with Yaws and Syphillis have been read before the Branch during the year.

ASIA.

India.

162. The reports received from Branches in India generally show an upward tendency as regards membership. This is particularly noticeable in the United Provinces Branch, which was formed in December, 1929, and whose membership during last year increased from 117 to 169. Other points of particular interest in the reports of Indian Branches are as follows:—

Assam Branch has been instrumental in the formation of the Assam Medical Research Society, supported by the Governor of Assam, for research on diseases peculiar to the province, with special reference to malaria.

The Bombay Branch, whose membership has increased from 270 to 300, has amended its rules so as to allow medical practitioners who hold a degree registrable by the Bombay Medical Council to become members of the Association.

The Calcutta Branch, whose membership has increased from 171 to 192, has been very active, having held eight general meetings and six Branch Council meetings.

The Burma Branch is actively interested in the medical education provided in the province, and steps are being taken with a view to obtaining adequate representation of the Branch on the Medical Council of Burma and on the Governing Body of the Medical College of the University of Rangoon.

Malaya.

163. The membership of the Malaya Branch has increased during the year from 336 to 353. It owns the "Malaya Medical Journal" which is published quarterly, and is represented on the Central Health Board of the Federated Malay States. The Divisions of the Branch also show satisfactory activities, both scientific and medico-political.

AUSTRALIA.

164. The Federal Committee held two meetings during 1930, under the Chairmanship of Sir Henry Newland, C.B.E., D.S.O., and discussed among other things matters relating to the Medical Officers' Relief Fund, model rules for ethical procedure, post-graduate study in England, the possible formation of a Federal Council for Australia in substitution for the existing Federal Committee, medical attention on widows and orphans of soldiers whose deaths were due to the Great War, medical services to natives in central Australia, Health Research Council, remuneration of ships' surgeons, Australian Inland Mission Frontier Medical Service, and "duty" on insulin.

The fourth session of the Australasian Medical Congress will be held in Perth in September or October 1932 under the Presidency of Dr. D. D. Paton, the Honorary Secretaries being Drs. J. P. Ainslie and L. E. Le Soulf. Much of the activity of the Western Australian Branch in the near future will naturally be in connection with the Congress. Matters in connection with the scientific side of the Association's activities have not been neglected as is instanced by the fact that the "Harvey" and "Canti" films have been shown to the members of the Branch.

165. The New South Wales Branch in July, 1930, entered into occupation of its new premises (referred to in para. 203 of Supplementary Report of Council, 1929-30), the British Medical Association House at 135-137, Macquarie Street, Sydney. The House contains the Branch offices, library, Council Chamber, Committee Room and Assembly Hall, and was officially opened on 3rd October, 1930, by H. E. the Governor of New South Wales, Air Vice-Marshal Sir Phillip Woolcott Game, G.B.E., K.C.B., D.S.O., the ceremony being followed by a Dinner. The Branch actively caters for the needs of its members, holds scientific sections, deals with medico-political and ethical matters, and conducts post-graduate courses. The Annual Meeting of the Delegates of the Local Medical Associations affiliated to the Branch, with the Council of the Branch, was held on 3rd October, 1930, and the following were among the matters discussed:— decided to approach the Country Press Association regarding the acceptance of advertisements from irregular practitioners; attendance on patients by members of medical staff of a clinic to the exclusion of the private practitioner; the action of nurses of baby clinics canvassing for patronage in the homes of patients; and workers' compensation cases.

166. The Victorian Branch has held a number of scientific meetings during the year when papers on a very wide variety of subjects were read, followed by discussions. Among the matters discussed by the Branch Council were post-graduate work, payment for treatment of infectious diseases in public hospitals, and Lodge agreements.

167. The Queensland Branch also held meetings and sections at which a wide variety of scientific and clinical matters has been discussed. The Branch owns its own library. It also has a section which holds fortnightly meetings and deals with all matters relating to contract practice, and the work in this direction is so heavy that a special Lodge Sub-committee was appointed by the Branch Council. Two extraordinary general meetings were held to consider the questions of the Royal Commission on Hospitals and specialist services for Lodge members.

168. The South Australian Branch is very active in regard to scientific and medico-political matters and during the course of the year a large number of cases have been shown and discussed. Dr. Fay Maclure accepted the invitation of the Branch Council to deliver the Listerian Oration for 1930 and chose as his subject "Fractures and their Treatment." The Branch celebrated its jubilee on 19th June, 1929, and the function was considered to be one of the finest ever held in Adelaide. H.E. the Governor (Sir Alexander Hore-Ruthven), Lady Stonehaven, Lady Hore Ruthven and many leading citizens were present. Sir Ewen Maclean, a past-President of the Association, visited the Branch in October, 1929, and delivered an Address on "Some Observations on Puerperal Infection." Dame Janet Campbell also visited South Australia in October, 1929, and was received by the women members of the Branch. Sir Charles Ballance addressed the Branch in July, 1930, on "Neurological Surgery," and Prof. Hugh Maclean lectured to the Branch under the auspices of the Adelaide Permanent Post-Graduate Committee. The Branch has its own library. It has also a museum containing a number of medical and surgical curios, for many of which it is indebted to Sir Joseph Verco. The Branch Council is considering the question of owning its own building.

169. The conditions of appointments at the Hobart Public Hospital have been under discussion by the Tasmanian Branch for 13 years, the Branch having held that it was against the best interests of the profession for members to accept these appointments. Agreement in this matter has now been reached and an honorary staff is to be appointed. The members of the Branch have been recommended by the Branch to apply for appointments both as resident and honorary officers.

NEW ZEALAND.

170. The Membership of the New Zealand Branch has increased from 921 to 952. The Branch owns its own offices and is to be congratulated on the fact that in September, 1930, it paid off the remainder of the mortgage on the property. The Branch owns the New Zealand Medical Journal, which is published every two months, and also runs a medical agency. During the year it has considered a number of important medico-political matters, including Nurses and Midwives Registration Amendment Bill, medical certificates for insurance companies, liability of medical practitioners certifying under Mental Defectives Act, coroners' returns, and contract practice appointments. The Annual Conference of the Branch, which was to have been held at Gisborne from 24th-28th February, 1931, was abandoned owing to the disastrous earthquake (*see* also para. 108 of Annual Report of Council, Suppt., 25th April, 1931). The Wellington Division of the Branch has decided to award a clinical prize of £10. 10s. for competition by sixth year medical students in Wellington Hospital.

WEST INDIES.

171. The British Guiana Branch has been very active and has held a number of meetings, at one of which a very interesting lecture was delivered by Mr. Aitken on "A Pure Water Supply for Georgetown," the lecturer giving a practical demonstration of his method of filtration. The Branch has taken action in connection with ethical matters, and in this respect received acknowledgement from the Medical Board.

The Grenada Branch has held two general meetings and has considered matters relating to the conditions of medical service in the Windward Islands, which matter is also referred to in para. 122 of Annual Report of Council (Suppt., 25th April, 1931).

The membership of the Bermuda Branch has increased from 11 to 12.

The membership of the Jamaica Branch has increased from 95 to 101, and this Branch has held seven general meetings and two Branch Council meetings. During the early part of this year Sir Richard Luce visited Jamaica, and his attendance at a Branch meeting was highly appreciated.

GIBRALTAR.

172. The membership of the Gibraltar Branch has increased from 12 to 22. During the year it has held five general meetings and three Branch Council meetings. On 13th June, 1930, a new Branch Room was declared open by the President of the Branch, who in his remarks stated "that the Branch was now thoroughly reorganised, fully active, and for the first time in its history in possession of a meeting room of its own, whilst it was hoped that gradually a library would be formed for the use of the members."

H. B. BRACKENBURY,
Chairman of Council.

MEDICAL PATENTS

TRADITION AND PRACTICE

We have received for publication the following letter by Dr. H. H. DALE, F.R.S., on the patenting of medical inventions—a subject which will come up for consideration by the Representative Body of the British Medical Association at its Annual Meeting at Eastbourne next month.

To the Editor of the British Medical Journal

Sir,—In the Report of Council, 1930-31, published in the *Supplement* of April 25th, the section dealing with Medical Ethics, page 139, considers the Ethics of Remuneration and Reward for Research and Invention, and makes the following Recommendation:

That the Representative Body expresses the following opinion:

> That while adhering to the traditional professional usage in accordance with which it is unethical for any medical practitioner who discovers or invents any substance, process, apparatus, or principle likely to be of value in the treatment of patients, to act against the public interest by unduly restricting the use and knowledge of such discovery or invention for his own personal advantage, the Association recognizes the propriety of utilizing arrangements made by law for the protection, by patent or otherwise, of such inventions or discoveries, and the reward of those who have made them, provided the principles enunciated above are duly safeguarded.

The older decisions governing the question appear to have been concerned with the undesirability of the practitioner of medicine being interested in the financial results of a monopoly, and with the danger of his name being used in advertisement of a patented remedy. A medical man, even if interested in a patent, ought to have no difficulty in preventing the use of his name in advertisement, the objection to which is more general, and not specially concerned with patents; and the danger of a financial interest in treatment would not be clear in the case of a practitioner who patented a remedy and immediately sold his rights for a lump sum. These dangers may well seem to afford doubtful grounds for the existing decisions, and even more so for the inclusive prohibition considered last year by the Representative

Body, and referred back to the Council for reconsideration. I cannot believe, however, that the strong tradition against the use of patents by medical men has so narrow and so uncertain a foundation. The tradition is by no means limited to this country, or to registered medical practitioners.

There are countries in which patents for medical inventions are not recognized at all by the law. Not only in Britain, but in a large part of the English-speaking world, the tradition is so strong that workers in the field of medical science, whether qualified to practise medicine or not, are generally unwilling to take patents for private financial advantage. There are several well-known cases in which such investigators have taken patents in order to control the exploitation of their inventions, but have vested the rights so obtained in committees, to be used for the benefit of universities in which the discoveries were made. Whatever the objections may be to this latter procedure—and I hold that they are serious—its adoption illustrates the wide prevalence and strength of the tradition against the use of his discoveries by the worker in the medical field for personal advantage, whether of himself or of some assignee. Since this tradition extends to a large body of workers in medical science who hold no qualification to practise medicine, and to other countries as well as our own, it is unlikely to have owed much of its force to rules devised by the British Medical Association to govern the ethics of medical practice among its own members. I doubt whether the Association's decisions on the question were known to more than a few, even among those of its own membership who might have been supposed to be particularly concerned, as being engaged in researches which might conceivably lead to patentable inventions. The existence and power of the tradition can, nevertheless, hardly be doubted, and I think that the Association would do well to give fuller consideration to its meaning before taking further action.

I can make no claim to know the feeling of the majority of the members of the Association, who are engaged in practice. On the other hand, I have fairly extensive acquaintance with the views of workers in laboratories where medical research is carried on in this country. The vast majority of these men and women regard the traditional embargo on patents in medical research laboratories, not as a restriction, but as a charter of liberty. Their enthusiastic loyalty to it is, indeed, probably due in some measure to a belief that it is in accordance with an old and honourable medical tradition, of giving new knowledge freely for the use of all. I believe, however, that the principal ground for it is to be found in their own experience of the conditions most favourable to their work.

Medical research workers in this country enjoy a large freedom of co-operation with one another. It would not be difficult, if space permitted, to make a detailed case for the special need for mutual aid and friendly interchange in medical research in particular, where the materials are so often provided by scattered opportunity, and where knowledge in one subject often grows diffusely at many points, so that comparison of experience is needed to balance and direct its progress. Whatever the cause, medical research workers here have hitherto worked in an atmosphere of friendly confidence, in which they freely discuss their incomplete investigations, their tentative ideas, and the experiments they have in mind. I believe that an overwhelming majority of those concerned would share my own view, that this atmosphere is necessary for the healthy growth of our science, and that it would be poisoned by the introduction of patenting. Any of us can imagine the attitude of guarded politeness, under which each worker in a research institution would conceal any phase of his observations which might possibly lead to a practical and patentable invention, for fear that a colleague might forestall him, and in which the leakage of information from one institution to another would be prevented with elaborate precaution. Some of us do not need so to draw on our imaginations. We have seen the system at work in other countries, and the result in locked doors and an atmosphere of jealous suspicion ; and we are the more determined to maintain the relations of open-hearted confidence we enjoy at home. I can write from actual experience only of the conditions which affect workers in medical research laboratories. I find no reason, however, to suppose that the patenting of inventions based on discoveries in the clinical field, in so far as these are likely to be capable of such protection, would be less destructive of the spirit of co-operation and frank confidence.

My own views are not those of a fanatic. Some of my colleagues, whose opinions I greatly respect, are inclined to regard mine as dangerously lax. I do not regard the patenting of a medical invention as an evil in itself. I hold that there have been instances in which such a patent, placed in the hands of a public body to be administered without profit, in the public interest alone, has done good service. I should find no logical ground of objection to similar action, taken to prevent some subsidiary inventor from obtaining a monopoly of profits arising from the exploitation of an important discovery which the real author wished to give freely to the world. It will further be clear that the considerations which I have mentioned as creating a general sentiment against medical patents for private profit affect the interests of the medical inventor himself, more than those of patients or the public. It might, I think, properly be urged that such a matter of personal conviction ought to be outside the ethical decisions and disciplinary action of the Association. Apparently there are some medical investigators who do not share the general feeling, and who claim the right to support themselves and their researches by taking and holding patents. If they prefer this to free and unembarrassed scientific intercourse with their colleagues I should not favour any action which limited the freedom of their choice. Such limitation is obviously imposed by the existing ethical decisions of the Association.

Now that the ethical decisions have been brought to general notice, the Council cannot properly be asked to leave them standing and continue to ignore them. I do not think their simple erasure would make much difference to the majority of medical research workers. They desire no liberty to patent for profit, and they would continue to cherish the real freedom in research given by long-standing tradition. I do not think, however, that they would wish to stand in the way of any proper action, to free those who have different views from the danger of conflict with the Association's ethical code.

This is, presumably, the object of the Council's recommendation ; but, in form at least, it seems to go far beyond what is necessary for this purpose. The earlier and qualifying cause, dealing with undue restriction, could hardly offend anybody as an expression of principle. My only doubt is as to its effectiveness. With the greatest respect for the wide experience of the Association's Ethical Committee in dealing with matters of medical practice, I believe that, if they were called upon to consider a charge of " undue restriction," they would have to make a decision for which amateur knowledge of commercial matters would give them no real competence, and that they would become involved in questions from which they had much better hold themselves aloof. My fear is that the adoption of this clause, though its sentiment is so obviously acceptable as to be almost a platitude, would merely result in another ethical decision, the enforcement of which would be impracticable. By itself, however, I should regard it as harmless.

The danger lies in the later, and principal, clause of the recommendation, where the Representative Body is asked not merely to remove the ethical ban on patenting for personal gain, but to " recognize the propriety " of such action. There are innumerable lines of medical conduct outside the scope of the Association's ethical rules, and the selection of this one, for special recognition of its propriety, could hardly fail to be interpreted as implying approval or even recommendation. The object is to relieve certain members from embarrassment by the existing decisions. If action is taken in the form recommended by the Council it will offend a large body of opinion, which is at least as worthy of consideration, and will create a new embarrassment for some who have hitherto found firm support for their own attitude in an

accepted tradition. The relations of the large majority of medical research workers, to any industrial action taken to render their discoveries generally available, have hitherto been governed by the assumption that they would not be personally concerned with patents for private advantage. I believe that this assumption has been the basis of an understanding honourable to all concerned. It would be very difficult to maintain it, if the Association were to give positive recognition to the propriety of patenting by its own members.

Special consideration is due, I think, to the case of those medical men who have accepted salaried appointments in research laboratories supported by industry. Of this I can speak from direct knowledge, having formerly held such a position myself for ten years. I know that the effectiveness of the work of these men for medical science, for which their position gives some facilities not elsewhere obtainable, depends on their retention of the unclouded confidence and co-operation of their fellow workers in academic and independent institutions, and of the practising members of the profession. I know that they can only do this by making it clear that they will have nothing to do with patients on the one hand, or secrecy on the other. It is not easy for these men to maintain such a position and to satisfy the proper expectations of the industry which supports them and their work. If the Association appears to give a positive approval to patenting by its members for private advantage, I believe that it will be made impossible. Not many members of the Association are in this position, but I doubt if they are fewer than those who desire freedom to patent, and their position and its special difficulties are not less worthy of respect.

If, therefore, the Representative Body decide to take action for removal of the existing ban, I earnestly hope they will take the simple course of annulling the decisions which create it. It would be better to regard the matter as outside the scope of the Association's ethical rules for the conduct of practice, than to adopt any expression which might seem to replace the ban by a frank approval.
—I am, etc.,

London, N.W., June 20th. H. H. DALE.

British Medical Association

METROPOLITAN COUNTIES BRANCH

ANNUAL MEETING AND PRESIDENT'S ADDRESS

The seventy-ninth annual general meeting of the Metropolitan Counties Branch was held at the House of the Association, Tavistock Square, on June 19th. Mr. HOWARD STRATFORD presided over the first part of the proceedings.

It was reported that the following nominations had been received for the election of officers of the Branch, 1931–32:

President-Elect, Mr. H. S. Souttar. *Vice-Presidents*, Dr. A. Keith Gibson, Dr. J. Liddell, Dr. Lina M. Potter, Dr. E. A. Worley. *Honorary Treasurer*, Dr. W. Griffith. *Honorary Secretaries*, Dr. C. F. T. Scott, Dr. P. B. Spurgin.

The annual report of the Branch Council was adopted, and a report was also given by the four representatives of the Branch on the Central Council—namely, Dr. F. W. Goodbody, Dr. William Paterson, Mr. Souttar, and Mr. E. B. Turner.

Mr. STRATFORD then invested his successor, Dr. F. W. Goodbody, with the badge of office, mentioning that Dr. Goodbody had been president of the Branch once before, and it was the recollection of his most successful presidency that made all the members of the Branch look forward with much interest and expectation to the coming year.

Dr. CHRISTINE MURRELL moved a vote of thanks to Mr. Howard Stratford for the able way in which he had served the Branch as its president during the past year. Mr. Stratford, she said, was a man who had exhibited in all his work for the Association the greatest zeal and continuity of purpose, and he deserved no mere formal vote of thanks, but the heartfelt gratitude of his colleagues in the Branch.

Mr. STRATFORD thanked the members for their kind acknowledgement of his services.

MEDICAL MATTERS IN THE EIGHTEEN-TWENTIES

Dr. GOODBODY then proceeded to deliver his address from the chair, which was entitled "Some glimpses at medical matters in the eighteen-twenties." He began by reminding his audience of the importance of the coming year in the history of the Branch, when the Branch Centenary Committee, headed by Lord Dawson of Penn, with the assistance of Dr. Worley and Dr. Gardiner Hill, would be responsible for the arrangements for the biggest event in the history of the Association. It occurred to him, as the question of forming an association to improve and uphold the dignity of the medical profession must have been very much in the air a hundred years ago, that it might be of interest to glance at the state of the profession at that time, and accordingly he proposed to devote his brief address to that subject.

The Apothecaries Act, 1815, dominated the question of medical education in London during the early part of the nineteenth century, for only those who were prepared to pay considerably higher fees entered for the diploma of the Royal College of Surgeons, or went to Oxford or Cambridge with the intention of becoming physicians. The Apothecaries Act required that every candidate should be 21 years of age, should have served a five years' apprenticeship, and should produce certificates of adequate medical education and moral character. He then appeared before twelve examiners to satisfy them that he had sufficient knowledge of the science and practice of medicine, and that he was fitted to practise as an apothecary. No one was allowed by law to dispense or sell medicines within seven miles of London unless he held the licence of the Society. Naturally, this was difficult to enforce, and constant complaints were made of non-qualified persons practising as pharmacists. In 1829 the Society of Apothecaries altered its regulations, further courses of lectures were required, and yet other courses recommended, and nine months' attendance at a hospital or twelve months at a dispensary was obligatory.

The requirements of the Royal College of Surgeons obliged the student to devote more time to anatomy (including surgery), and to walk the hospitals. "Walking the hospitals" seemed in some cases to amount to running after the surgeons, who made very little attempt to do any teaching. Some fresh regulations of the College in 1826 were described by the *Lancet* of the period as "from the surgical Star Chamber of Lincoln's Inn Fields," and it was added that for "ignominy and grovelling ignorance" they far surpassed those of a year or two before. These regulations recognized certificates of courses taken in schools of anatomy in London and Edinburgh and other cities, and attendance at any hospital connected with those schools, provided it contained 100 beds. Candidates for membership of the Royal College of Surgeons had to be 22 years of age, and to have spent six years at least in the acquisition of professional knowledge—in other words, in apprenticeship. They had to attend three winter courses of anatomical lectures, two of dissections, and one of chirurgical lectures. An essential preliminary to obtaining a post in a hospital later was to enter either as a dresser or pupil under a hospital surgeon. Astley Cooper stated about 1822 that the staff at Guy's consisted of his son-in-law, the husband of his niece, and two of his pupils, in addition to himself; while at St. George's it was stated that the senior surgeon, Sir Everard Home, so controlled the elections that only his pupils had any prospect of success.

The student who intended to practise as a physician went to one of the universities, and studied there until he received his degree. Save in Dublin and Edinburgh, he did not come into practical touch with patients, as there was no hospital teaching at Oxford or Cambridge. He had to have much more classical knowledge than was necessary now, as the final examinations were conducted in Latin. No practical knowledge of anatomy was demanded, so that a man could become physician of a hospital without ever having dissected. The Royal College of Physicians only admitted M.D.'s of the English universities to its Fellowship, and this debarred Roman Catholics and Dissenters from becoming hospital physicians in London, because degrees at Oxford and

Cambridge were confined to members of the Established Church.

Dr. Goodbody went on to describe the difficulty of obtaining subjects for dissection, and the means taken to overcome it. The teachers of anatomy had to pay from six to twelve guineas for a body, and they received only four guineas from the students. Since only unclaimed bodies could be used for dissections, the "resurrection men" supplied most of the demand. A man called Murphy was in control, and was stated to have obtained £800 to £1,000 from the London schools in three years for delivering bodies. In 1826 William Cooke, a surgeon in Exeter, was fined £100 for digging up a body in the churchyard. The *Lancet* got up a subscription to pay the fine and costs, and succeeded in obtaining the money in two years.

Another trouble of the period was that the apothecary at some hospitals considered that the pharmacopoeia was his private property, and refused to allow the students to know what medicines were prescribed by the physicians and surgeons. It even required a mass meeting of students at St. Bartholomew's, and the passing of formal resolutions, to get bed cards with the disease and the age of the patient stated thereon used in the hospital.

The feeling between physicians and surgeons was evidently very acute. About 1825 Mr. Green of St. Thomas's thought it necessary to maintain in an introductory lecture that the surgeon was on the same plane as the physician, if not on a higher one. Sir Charles Bell wrote to the governors of the Middlesex Hospital appealing to them to appoint an experienced and efficient physician. He said that the understood principle of the Royal College of Physicians was that its junior Fellows should join a hospital for a few years to learn their profession and prepare for private practice, and that whenever their private patients promised them a livelihood they should retire and give place to others. Within a few months it was possible for a young gentleman to be a student, a Member of the College, a Fellow, a physician to the hospital, and a teacher of medicine. Then the prospect of a few patients withdrew him from his public duties, and he was influenced by the notion that he declared his incapacity if he was otherwise employed than in moving about in a chariot. "It is humiliating to see emolument so exclusively the motive in action." Bell advocated that the "situation" of physician or surgeon to a hospital should be a reward for professional merit, and that an experienced man should be chosen.

That physicians considered themselves superior to surgeons was apparent from some proceedings at St. George's. Dr. Hewart ordered tracheotomy to be performed on a patient who suffered from dyspnoea. Mr. Rose, the surgeon, held a different opinion as to the advisability of the operation, but he was ordered not to think, but to obey! The operation was performed, and the patient died; he was found to be suffering from aneurysm at the root of the aorta. That some hospital physicians could have done with more practical experience was evident from cases in literature. A female patient applied for admission to St. George's on account of difficulty in micturition. She was seen by the physician, who ordered a blister to be applied to the sacrum. A few hours later the woman was delivered of a child.

The Fellows of the Royal College of Physicians in 1825 had very decided views about protecting themselves and their Licentiates from the competition of Scottish and other graduates. One of their number declined to meet a practitioner in consultation on the ground that he was not a Licentiate. This led to a correspondence which showed that a candidate for the licence had to swear on bended knee obedience to the laws and regulations of the College, although he was not allowed to see them either before or after the ceremony. As a result of that discussion the by-laws were published in 1828. One of them laid it down that a Licentiate should not consult with anybody who did not belong to the College. The Charter of the College gave a monopoly of medical practice in London and within seven miles of the city to its Licentiates, Members, and Fellows. In 1826 the Censors determined to enforce their rights by admonishing a Dr. Harrison to desist from practice until he had been fully examined and licensed under the seal of the College. Dr. Harrison declined to appear before the Censors on the ground that there was no mention of Censors in the charter granted by Henry VIII, and that therefore these officials had no jurisdiction. The case dragged on, and when at last police court proceedings were started in 1828 they fizzled out, as Dr. Harrison put in the defence that in the case mentioned in the complaint he was attending as a surgeon, the patient suffering from spinal disease.

As to the Royal College of Surgeons, in the middle of the 'twenties a series of meetings was being held by the Members to protest against being deprived of their rights. The agitation culminated at the historic meeting when Thomas Wakley was thrown out of the College. The Royal College of Surgeons in Edinburgh showed a similar spirit. Practice in the Scottish capital was restricted to Fellows of the College, and the College demanded a deposit of £250 for every student who had not been apprenticed to a Fellow before he could be admitted to examination; the fee was only £100 if he had been so apprenticed. The Royal College of Surgeons in Ireland would not examine any student who had not been apprenticed to one of its own body, and its Fellows refused to meet in consultation anybody who had been apprenticed to an English surgeon.

Operations in this period were not very numerous, as was only to be expected. They consisted chiefly of radical cures for hernia, removal of calculi, amputations, and removal of the breast for cancer. Sir Anthony Carlisle stated that he knew a very eminent surgeon in London who had never performed an amputation, and had removed only one cancerous breast. Surgeons were just as subject to actions for negligence or malpraxis as at the present day. A surgeon at St. Bartholomew's was sued by a patient for negligence in not removing a piece of flint from the knee, an operation which was done later by two general practitioners. The surgeon produced most of the members of the court of examiners as witnesses on his behalf, but the other side produced the flint, and the surgeon had to pay £100 and costs. Verdicts of negligence were frequently recorded in the inquests of the period.

The directions for the treatment of simple fevers, given by Dr. Armstrong, were quite commendable. One of them read: "It is necessary to give placebos, but care should be taken to see that they cause no physical harm." Concerning one of the directions, fortunately, it was no longer necessary to be troubled—namely, that the physician should investigate the moral character of the nurse, so that she should not betray the confidence placed in her. Dr. Armstrong's simple laxative and aperient for a child consisted of calomel 1½ grains, rhubarb 3 grains, followed by 2 drachms of castor oil, which, he said, was quite sufficient for one day. Heroic dosage was the fashion, also heroic blood-letting. Dr. Blundell reported two successful cases of thoracic inflammation in each of which one and a half gallons of blood were withdrawn within five days.

Disputes between members of the profession were not uncommon, and occasionally took drastic courses. Thus, during a dispute at the Westminster Eye Infirmary in 1829, Mr. Thomson was challenged by Dr. Forbes, and three shots were exchanged. It was to be hoped that the power of diagnosis of these doctors was better than their aim, for no damage was done. During the first two decades of the last century there were no professional relations, as the term was now understood; jealousies were in no way disguised, and acrimony was introduced into disputes. Even the medical journals sometimes had an Eatanswillian touch, and one medical journal described another as afflicted with "a besotted system of mendacity." Truly, the British Medical Association did not come upon the scene any too soon, and Dr. Goodbody thought that the founder of the Association could well claim some credit for the obvious improvement in these and other respects.

Sir CRISP ENGLISH, in moving a vote of thanks to Dr. Goodbody, said that it was very fascinating to go back for a hundred years. He thought he spoke for most of them when he said that they were thankful that they did not practise in those days. What he wished Dr. Goodbody would also do was to give some glimpses into the medicine and surgery of a hundred years hence. In a century's time Sir Crisp English did not doubt that the room in which they met (the Council Chamber of the Association) would still be standing, its panels would then be filled with the names of those who had served the Association, and some one would

give an address about the profession in 1930, which would be characterized as being as much out of date as the profession of 1830 appeared to their own eyes. But even a hundred years hence the men who practised medicine and surgery would not be more proud of their profession than were the practitioners of to-day.

The vote of thanks was heartily carried, and the meeting terminated.

Association Notices

TABLE OF DATES

June 27, Sat.	Publication in *Supplement* of Supplementary Report of Council.
July 1, Wed.	Amendments and riders for inclusion in A.R.M. agenda must be received at Head Office by this date.

ALFRED COX,
Medical Secretary

BRANCH AND DIVISION MEETINGS TO BE HELD

ABERDEEN BRANCH: CITY OF ABERDEEN AND ABERDEEN AND KINCARDINE COUNTIES DIVISIONS.—The annual meetings of these Divisions will be held at 29, King Street, Aberdeen, on Monday, June 29th, at 4 p.m. At 4.30 p.m. a conjoint meeting of the two Divisions will take place to consider the Supplementary Report of Council and to instruct the representatives.

BIRMINGHAM BRANCH: WARWICK AND LEAMINGTON DIVISION.—The annual meeting of the Warwick and Leamington Division will be held at the Warneford Hospital, Leamington Spa, on Monday, June 29th, at 8.30 p.m. Agenda: Consideration of Annual Report of Council and instruction of representative; Division rules of organization; election of officers.

HERTFORDSHIRE BRANCH.—The annual meeting of the Hertfordshire Branch will be held at the Bishop's Stortford College on Wednesday, July 8th.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.—A meeting of the Rochdale Division will be held at the Rochdale Infirmary on Saturday, June 27th, at 8.30 p.m. Agenda: Consideration of proposal to adopt resolutions with regard to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; Annual Report of Council—instructions to representative.

LANCASHIRE AND CHESHIRE BRANCH: ST. HELENS DIVISION.—The annual meeting of the St. Helens Division will be held at the Royal Raven Hotel on Tuesday, June 30th, at 4 p.m.

LANCASHIRE AND CHESHIRE BRANCH: SOUTHPORT DIVISION. A meeting of the Southport Division will be held at 52, Hoghton Street, Southport, on Monday, June 29th, at 8.30 p.m. Agenda: Supplementary Report of Council; resolutions with regard to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; resolution from Public Medical Service for the County of London.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—A clinical meeting of the Hendon Division will be held at the Hendon Cottage Hospital on Friday, July 3rd, at 8.30 p.m. Mr. N. Bishop Harman will give an address on ocular sepsis, local and focal.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.—An ordinary meeting of the South Middlesex Division will be held at the Teddington, Hampton Wick, and District Memorial Hospital, Teddington, on Tuesday, June 30th, at 8.45 p.m. Agenda: Consideration of proposal to adopt resolutions as to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; consideration of Annual Report of Council (*Supplement*, April 25th, May 2nd, and June 27th); and instruction of representatives.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—A meeting of the Willesden Division will be held at the Municipal Hospital, Brentfield Road, on Friday, June 26th, at 3.30 p.m. Agenda: Correspondence, etc.; Dr. A. G. Troup, superintendent of the hospital and chairman of the Division, will speak on puerperal infections, and will show the new cubicles for isolation in the wards, and any interesting cases. Tea will be served.

NORFOLK BRANCH.—A meeting of the Norfolk Branch will be held at the Norfolk and Norwich Hospital, Norwich, on Wednesday, July 15th, at 3.30 p.m. Sir William Willcox will give an address on the modern treatment of Addison's disease.

NORTH OF ENGLAND BRANCH.—The annual meeting of the North of England Branch will be held at the Palatine Hotel, Sunderland, on Thursday, July 2nd, at 12.30 p.m. Agenda: Receive annual report and financial statement: elect officers for the ensuing year. The incoming president, Dr. I. G. Modlin, will entertain members to lunch. Afterwards the annual golf competition for the cup presented by Dr. D. F. Todd will take place at the Wearside Golf Club. For those who do not play golf an invitation is extended to visit the Tuberculosis Sanatorium at Grindon, where a very enjoyable afternoon can be spent in the extensive grounds.

NORTH OF ENGLAND BRANCH: GATESHEAD DIVISION.—A general meeting of the Gateshead Division will be held at 9, Walker Terrace, Gateshead-on-Tyne, on Monday, June 29th, at 8.30 p.m. Agenda: Instructions to representative; consider report from Ethical Committee with reference to a complaint.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—A meeting of the North Northumberland Division will be held at the Infirmary, Alnwick, on Tuesday, June 30th, at 3 p.m. Agenda: Supplementary Report of Council; election of officers.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—The annual meeting of the North Lancashire and South Westmorland Branch will be held, by kind permission of Dr. Hough and the governors, at the Ethel Hedley Hospital, Calgarth, Windermere, on Wednesday, July 8th, at 3.15 p.m.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH: FURNESS DIVISION.—A meeting of the Furness Division will be held at the Victoria Park Hotel, Barrow, on Wednesday, July 1st, at 3.15 p.m. Agenda: Proposal to adopt resolutions respecting (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; Supplementary Report of Council.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The sixty-first annual meeting of the South Wales and Monmouthshire Branch will be held at the Cardiff Royal Infirmary on Thursday, July 2nd, at 3.30 p.m. Agenda: Annual Report of Council and balance sheet; election of officers; installation of new president; presidential address by Dr. E. E. Brierley, "Some points in the treatment and prognosis of heart disease." After the meeting the president and Mrs. Brierley will entertain the members at tea at 23, Newport Road, Cardiff.

SOUTH-WESTERN BRANCH: TORQUAY DIVISION.—A general meeting of the Torquay Division will be held in the Torbay Hospital on Monday, June 29th, at 4.30 p.m. Agenda: Consideration of proposal to adopt resolutions with regard to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; completion of consideration of Report of Council on the Problem of the Out-patient, and Annual Report of Council.

SURREY BRANCH.—The annual meeting of the Surrey Branch will be held at the Selsdon Park Hotel, near Croydon, on Wednesday, July 1st, at 1.45 p.m. The Croydon Division invites members to lunch at the hotel at 1 p.m. After the meeting the members will visit the Bethlem Royal Hospital, by kind invitation of the physician-superintendent and the committee, who have invited the members to tea after the inspection of the hospital. On leaving the hospital a visit will be paid to Croydon Aerodrome. The annual dinner will be held at the Greyhound Hotel, Croydon, at 6.30 for 6.45 p.m. (charge 7s. 6d., exclusive of wines).

SURREY BRANCH: CROYDON DIVISION.—A general meeting of the Croydon Division will be held at the Croydon General Hospital on Tuesday, June 30th, at 8.30 p.m. Agenda: Scale of minimum commencing salaries of whole-time medical officers of the public health service; Annual and Supplementary Reports of Council and instructions to representatives.

YORKSHIRE BRANCH: YORK DIVISION.—A general meeting of the York Division will be held in the York Medical Society's Room, 17, Stonegate, York, to-day (Saturday, June 27th), at 8.30 p.m. Business: Minutes of annual meeting; Executive Committee's nomination of honorary secretary; resolution from Executive Committee on presentation of portrait to the Medical Secretary; fees for certification of mental cases in York and district; Annual Report of Council.

Meetings of Branches and Divisions

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION

The annual meeting of the South-Eastern Counties Division was held in the Railway Hotel, Newtown St. Boswells, on May 20th.

Dr. L. R. H. P. Marshall having succeeded Dr. F. O. Taylor as chairman, Dr. S. Davidson was appointed vice-chairman, and the representative and deputy representatives in the Representative Body, as well as the honorary secretary and the auditor, were re-elected. Dr. Muir was requested to attend the conference of charities secretaries to be held at Eastbourne in July.

It was agreed that the question of pensions for doctors, breakdown allowances, and widows' annuities should be raised at a meeting of the Branch Council.

A letter was read from Dr. Oliver thanking the members of the Division for their gift of a rose bowl.

Among the documents submitted to the meeting were the Annual Report of Council, together with the financial statement, the Report on the Problem of the Out-patient, the Berwickshire arrangements for the treatment of the sick poor, and correspondence from the Medical Secretary regarding pathological services for insured persons. It was agreed to circularize the members of the Division regarding the inquiry into the incidence of cancer, so that any member wishing to participate could communicate direct with the Medical Secretary.

ISLE OF MAN BRANCH

A general meeting of the Isle of Man Medical Society, Isle of Man Branch of the British Medical Association, was held on May 3rd. After a short business meeting Mr. B. F. McFARLAND (Liverpool) showed an interesting series of cinematograph films, taken by himself, of some of his orthopaedic cases. The annual meeting will be held on November 1st.

MALAYA BRANCH

At the annual general meeting of the Malaya Branch of the British Medical Association nearly forty members were present. The retiring president, Dr. A. L. HOOPS, stated that the membership of the Branch had risen from 337 to 404 within the year. After describing the work of the Branch for the year, the president referred to the loss of a former editor of the *Malayan Medical Journal*, Dr. Hugh Kidd MacAlister, who had been active in everything connected with the Branch. The following were elected office-bearers for 1931–32: President, Dr. G. Waugh Scott; secretary, Dr. J. Strahan; and treasurer, Dr. H. T. Wee.

Dr. G. WAUGH SCOTT gave his presidential address on the subject of mental hygiene in the Tropics. Another paper of considerable interest was that dealing with the provision of satisfactory clean milk supplies in Malaya, read by Dr. SCHARFF. Dr. R. T. B. GREEN read a paper from the Institute for Medical Research at Kuala Lumpur, entitled "Brief notes on a malaria parasite of local monkeys which infects anopheline mosquitos." Finally, Dr. A. NEAVE KINGSBURY, director of the Institute of Medical Research, who recently attended the conference of leprosy specialists at Manila, gave a very sound exposition of modern views on leprosy.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION

The annual meeting of the Camberwell Division was held at St. Giles's Hospital, Camberwell, on May 19th. During the first half of the meeting Dr. BOUSFIELD occupied the chair.

The report of the Central Council on the Problem of the Out-patient was discussed, and it was decided to support the British Medical Association policy.

The following officers were elected for the ensuing year:

Chairman, Dr. Porter Smith. *Vice-Chairman*, Dr. W. W. King Brown. *Honorary Secretary*, Dr. J. C. Evans. *Representative in Representative Body*, Dr. E. W. G. Masterman. *Deputy Representative*, Dr. Stone.

A vote of thanks was accorded to Dr. Bousfield for the able way he had filled the office of chairman during the past year. At the conclusion of the business Dr. PORTER SMITH succeeded to the chair, and thanked the Division for his election.

Professor G. ELLIOT SMITH, F.R.S., then gave an address, illustrated by lantern slides, entitled "My visit to Peking." The arduous and patient work carried out by archaeologists in China, and rewarded by the finding of the Peking skull, was vividly described. The lecturer considered that the skull might prove an important clue to the localization of the first home of mankind. The lecture was much appreciated, and the meeting closed with a hearty vote of thanks to Professor Elliot Smith.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION

A clinical meeting of the Kensington Division was held on May 6th at St. Mary Abbots Hospital, Marloes Road, W., at the invitation of Dr. Remington Hobbs. Dr. H. M. STRATFORD was in the chair, and there was a large attendance.

The visiting staff of the hospital and the resident staff showed a large number of cases, after which a very interesting discussion took place. A hearty vote of thanks was given to Dr. Hobbs at the conclusion of the meeting.

The following appointments were made for the ensuing year:

Representatives in Representative Body, Mr. E. B. Turner, Dr. F. C. Martley, Dr. H. M. Stratford, Dr. I. H. Maclean. *Deputy Representatives*, Dr. A. K. Gibson, Dr. H. A. Gillespie, Dr. J. B. Howell, Dr. A. A. Renshaw.

A meeting of the Kensington Division was held at the Great Western Royal Hotel on May 13th, when Dr. STRATFORD was in the chair, and there was a good attendance of members.

The consideration of the Annual Report of Council led to a very interesting discussion. There were present at the meeting also members of the consultant staffs of hospitals in the district, and that portion of the report dealing with the Problem of the Out-patient was discussed very fully from all points of view.

The following motion was carried unanimously:

> That, as a practical contribution to the solution of the Problem of the Out-patient, the British Medical Association should actively assist in the formation of public medical services wherever these are not already in operation.

The meeting also considered resolutions of the Executive Committee dealing with National Health Insurance matters, and agreed to send these up for discussion at the Annual Representative Meeting.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION

A meeting of the South-West Essex Division was held at Leyton on May 5th, when six members were present.

Drs. Panting and Jardine were re-elected representative and deputy representative respectively in the Representative Body.

The Annual Report of Council was considered. Some discussion took place regarding the proposed change of Division areas, and the matter was postponed pending a meeting between the Metropolitan Counties Branch and the Essex Branch. The recommendations contained in the paragraphs indicated in the Report of Council were discussed and approved. The motion proposed by the St. Pancras Division suggesting that closer scrutiny should be given at the voluntary hospitals to the claims of those seeking free medical treatment was heartily endorsed, and the report on the Problem of the Out-patient was approved.

The National Ophthalmic Treatment Board scheme was discussed, and it was recommended that it should be brought to the notice of members of the Division from time to time at general meetings.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION

A meeting of the South Middlesex Division was held at St. John's Hospital, Twickenham, on May 5th. The following officers were elected for 1931–32:

Chairman, Dr. L. H. F. Walton. *Vice-Chairman*, Dr. M. G. Fitzgerald. *Honorary Secretary and Treasurer*, Dr. J. O. Geldard. *Representative in Representative Body*, Dr. R. Langdon-Down. *Deputy Representative in Representative Body*, Mr. P. W. L. Camps.

The Report of Council on the Problem of the Out-patient was also considered, and the following amendments were carried:

> (*a*) For the effective working of such a scheme there should be adequate clerical assistance in the out-patient department.
>
> (*b*) This scheme should not debar the consultant from requesting the patient to attend on subsequent occasions if he thinks advisable.

The proposal of the Central Council that the Division should adopt the binding resolution with regard to the salaries of whole-time medical officers of health will be considered at the meeting to be held on Tuesday, June 30th.

MIDLAND BRANCH: BUXTON DIVISION

The annual general meeting of the Buxton Division was held at the Devonshire Hospital on May 7th. The officers of the Division were re-elected with one change—Dr. L. C. Hill to be representative in the Representative Body, Dr. Potter to be deputy representative.

In view of the approaching consideration of the reorganization of Division and Branch areas, and following a discussion on this subject at the Midland Branch Council Meeting, the

Division, by a unanimous vote, reaffirmed the following minute of the annual general meeting, 1930:

That the Division unanimously approves the formation of an independent Derbyshire Branch.

The circulars concerning (1) cancer research statistics, (2) National Ophthalmic Treatment Board, (3) Register of Biophysical Assistants, and (4) facilities for pathological examinations for insured persons, were again brought to the notice of members.

The further discussion of the binding resolution concerning domiciliary visits by whole-time medical officers was postponed till the next meeting.

Dr. PHYLLIS HORTON read a paper on "Modification in certification and treatment of mental cases as a result of the Mental Treatment Act." Discussion followed.

NORTH OF ENGLAND BRANCH: CLEVELAND DIVISION

The annual meeting of the Cleveland Division was held at the Zetland Hotel, Saltburn, on May 14th.

The report of the Executive Committee was submitted, approved, and adopted.

The following officers were elected for the ensuing year:

Chairman, Dr. Murphy. *Vice-Chairman*, Dr. Lowe. *Secretary and Treasurer*, Dr. John Howell. *Assistant Secretary and Treasurer*, Dr. Guy. *Representative in Representative Body*, Dr. Lowe. *Deputy Representative*, Dr. Inkster.

The hospital policy in connexion with the out-patient department was discussed, and its further consideration postponed to another meeting.

A lengthy discussion took place with regard to the maternity and child welfare clinics in the county area of Cleveland, in view of the fact that the medical officer of health was extending the scope of these clinics to include ante-natal work, and that there was a very real danger that the work would be done by whole-time officers. Dr. GIBSON, while expressing himself in support of the British Medical Association policy, pointed out some of the difficulties which confronted administrators in the choice between whole-time and part-time officers. A deputation was appointed to meet the medical officer of health for the North Riding to discuss the situation with him. Instructions were given for the deputation to stress not so much the point of view of the encroachment on private practice, as the necessity, from a public point of view, of men doing ante-natal work who were also attending the confinements.

The meeting welcomed the possibility of the provision of pathological services for insured persons and their dependants at a reduced fee, but unanimously disapproved of the proposal that the general practitioner should be responsible for the reduced fee.

Resolutions were adopted under the ethical rules with regard to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers. It was agreed to rescind the previous resolution as to the scale of salaries for whole-time public health medical officers adopted by the Annual Representative Meeting, 1925.

NORTHERN COUNTIES OF SCOTLAND BRANCH: INVERNESS DIVISION

A meeting of the Inverness Division was held at the Royal Northern Infirmary on May 14th. A brief report of last year's Representative Meeting was given by Dr. JAMES MURRAY. Dr. James Murray was re-elected representative of the Division to the Annual Meeting at Eastbourne in July, and Mr. Hugh Miller was elected deputy representative.

The British Medical Association policy with regard to out-patients was discussed. Dr. MACFADYEN outlined the proposals, Dr. G. W. E. KERR put forward the point of view of the general practitioner, and the views of the hospital consultant were given by Mr. HAMILTON. A very free discussion followed, in which nearly all the members present took part. Finally, a motion approving of the policy was adopted, and it was recommended that all members of the Division should be notified thereof.

SOUTH-EASTERN OF IRELAND BRANCH

The annual meeting of the South-Eastern of Ireland Branch was held in the Imperial Hotel, Kilkenny, on May 11th. Dr. Moore was installed in the chair as president for the year 1931–32.

Correspondence from the Head Office and from Professor Henry Moore (Dublin) was read. Professor Moore stated that Saturday, June 6th, would be a suitable date for him to deliver his British Medical Association Lecture to the Branch, and that the title of the lecture would be "A clinical study of achlorhydria."

The following officers were elected for 1931–32:

President-Elect, Dr. O'Gorman. *Honorary Secretary*, Dr. Pierce Grace. *Honorary Treasurer*, Dr. Myles. *Representative in Representative Body*, Dr. Moore. *Deputy Representative*, Dr. Mitchell. *Second Deputy Representative*, Dr. Cassin.

SURREY BRANCH: CROYDON DIVISION

The annual meeting of the Croydon Division was held at the Croydon General Hospital on May 6th, when Dr. S. DUKE-TURNER was in the chair. The annual report and balance sheet were presented and adopted, and the following officers were elected for the ensuing year:

Chairman, Dr. C. G. C. Scudamore. *Vice-Chairman*, Dr. Duke-Turner. *Honorary Secretary and Treasurer*, Dr. Scudamore. *Assistant Honorary Secretary*, Dr. P. W. Hamond. *Honorary Auditor*, Dr. G. G. Genge.

After the conclusion of the business part of the meeting, an interesting address was given by Dr. Hernaman-Johnson on the value of *x* rays in the treatment of chronic arthritis, exophthalmic goitre, and certain other non-malignant conditions.

SURREY BRANCH: GUILDFORD DIVISION

A special meeting of the Guildford Division was held at the Royal Surrey County Hospital on May 1st, when Dr. H. O. BLANFORD was in the chair. Dr. Arnold Lyndon and Dr. G. M. Bluett were elected representatives in the Representative Body, and Dr. J. McGlashan and Dr. H. O. Blanford as deputy representatives.

The meeting adopted the proposal of the Central Council regarding salaries of whole-time public health medical officers under its ethical rules.

The Report of Council as amended on the Problem of the Out-patient was approved, and the representatives were instructed to support it at the Annual Representative Meeting. The discussion was opened by Mr. BISHOP HARMAN, who had travelled to Guildford to address the meeting on this and other matters on the agenda, including the question of a National Eye Service (D.26), which he fully explained. Mr. Harman also enlightened the meeting on many points of the Road Traffic Act, 1930, affecting the medical profession, especially with reference to persons admitted to hospital in respect of whose injuries claims were likely to be made under third-party insurance policies. On the motion of Dr. W. H. HUNT, a hearty vote of thanks was accorded with acclamation to Mr. Harman for his attendance.

SURREY BRANCH: REIGATE DIVISION

The annual meeting of the Reigate Division was held on May 6th.

The following officers were elected for 1931–32:

Chairman, Dr. C. N. Binney. *Vice-Chairman*, Dr. C. H. James. *Honorary Secretary and Treasurer*, Dr. L. J. Barford.

The question of payment to hospitals under insurance of third parties, as required by the Road Traffic Act, 1930, was discussed; a recommendation was made to the board of governors of the East Surrey Hospital for recognition of the proposals submitted by the British Medical Association with regard to the remuneration of doctors. It was announced that the proposal had not met with the general approval of the board.

Some discussion took place on the subject of the hospital out-patient. It was decided that the present arrangements at the East Surrey Hospital came into line almost completely with the British Medical Association scheme.

It was reported that the proposals in regard to the National Ophthalmic Treatment Board had been approved in committee and also at a Divisional meeting, and also that the scheme for pathological investigations on behalf of insured persons had been adopted by the East Surrey Hospital.

SUSSEX BRANCH: CHICHESTER AND WORTHING DIVISION

The annual meeting of the Chichester and Worthing Division was held in the Burlington Hotel, Worthing, on May 6th, when Dr. A. H. BOSTOCK was in the chair, and thirty others, including some visitors, were present.

The following officers were elected:

Chairman, Dr. A. H. Bostock. *Vice-Chairman*, Dr. F. H. Alexander. *Honorary Secretary*, Dr. D. D. Mackintosh. *Honorary Assistant Secretary*, Dr. F. Heckford.

Thereafter a combined meeting of the Chichester and Worthing and the Horsham Divisions was held for the purpose of electing a representative and a deputy representative for the Annual Representative Meeting to be held at Eastbourne in July. Dr. H. J. M. Milbank-Smith was elected representative, and Dr. M. H. H. Vernon deputy representative.

After the business meeting Dr. L. A. PARRY (Hove) gave a most interesting and exhaustive lecture on criminal abortion. A lengthy discussion followed, in which Drs. CRAWFORD, BRADFORD, DOWNER, MORTON PALMER, SMEDLEY, VERNON, and BOSTOCK took part.

An excellent dinner was served in the hotel, to which thirty-one sat down.

Votes of thanks were accorded to the lecturer, and also to the chairman and honorary secretary of the Division. The meeting was characterized as one of the best that the Division had ever held.

YORKSHIRE BRANCH: WAKEFIELD, CASTLEFORD, AND PONTEFRACT DIVISION

The annual meeting of the Wakefield, Pontefract, and Castleford Division was held at the Strafford Arms Hotel, Wakefield, on May 7th, when Dr. T. WALKER was in the chair and fourteen members were present. The report of the Executive Committee was read, and the SECRETARY detailed the state of affairs with regard to medical charities.

The following officers were elected for the ensuing year:

Chairman, Mr. G. W. Thomas. *Vice-Chairman*, Dr. T. Walker. *Representative in Representative Body*, Dr. T. Walker. *Deputy Representatives*, Dr. R. B. Radcliffe, Dr. W. Steven. *Honorary Secretary, Treasurer, and Charities Secretary*, Dr. N. S. Twist.

It was decided to adopt the resolution suggested by the Central Council regarding the salaries of whole-time public health officers.

The Annual Report of Council was discussed, and particularly the Problem of the Out-patient. Arising from this discussion, it was resolved that the attention of the Council be drawn to the fact that the Division considered the remuneration of district medical officers (public assistance) to be very unsatisfactory, and in need of revision. The secretary was instructed to call a meeting of all the medical officers working under the West Riding and Wakefield Public Assistance Committees.

ESSEX PUBLIC MEDICAL SERVICE

The annual meeting of the Essex Public Medical Service was held on June 11th, Dr. C. H. Panting, chairman of the Service, presiding.

Dr. Panting, in presenting the seventh annual report of the Service, pointed out how very satisfactory it was, showing, as it did, continued progress in all directions, the financial position having suffered no retrogression, in spite of the prevailing depression and unemployment in certain parts of the county. The total number of subscribers on the books at the end of December, 1931, after deducting cancellations, removals, deaths, etc., was 18,533—an increase over the previous year of 1,783. Of this increase, the gain in the number of adults was greater than that in children. The total of doctor members showed an increase of twelve over the previous year, after deducting deaths and removals, but the total number of members was still far from a satisfactory proportion of the medical practitioners of the county, and it was hoped that 1931 would witness an influx of new members in parts of the county not yet working the scheme. It was felt that the advantages the Service had to offer to general practitioners had only to become more widely known for the scheme to be more generally adopted. The amounts paid out to doctor members during the year totalled £9,533 18s. 1d., the largest totals collected for individual doctors being:

Class or District	Total
Urban	£808
Semi-rural	£251
Rural	£318
Metropolitan area, in the administrative County of Essex	£398

An interesting example was afforded during the year of the assistance which the Service can be to practitioners in taking over unremunerative clubs. A new member, in a rural area, decided to transfer to the Service, *en bloc*, a club which had been run for generations by the firm of doctors to which he had succeeded. The transfer was accomplished very smoothly, and the grateful member wrote to say that he found his income increased by about £100 a year.

The chairman referred to the excellent work of the paid collectors of the Service, demonstrated by the small amount of arrears incurred, which, under the present administration, still averaged under one-half of 1 per cent.

The honorary auditor, Dr. McKenzie Brown, presented the statement of accounts and balance sheet for 1930, which showed all outside liabilities discharged and a satisfactory amount of £455 11s. 4d. as "balance of assets over liabilities." All the loans raised in the early stages of the Service, which was founded in 1923, had been paid off in full. The Benevolent Fund, which was started in 1929 to provide subscribers with assistance in the purchase of medical appliances, such as belts, trusses, etc., and certain expensive medicines excluded from the medicines to which the subscriber was entitled under the scheme, had helped 51 cases during the year, and had a good balance in hand, not having been exercised to its fullest extent. A further grant was set aside for this fund for the current year.

Members generally commented on the very satisfactory position and working of the Service, and the report and balance sheet were adopted.

Correspondence

BENEDICT'S SOLUTION FOR INSURED PERSONS

SIR,—I am astonished to see in the *Supplement* for June 13th the decision of the London Panel Committee disallowing Benedict's solution as part of Medical Benefit. One is not surprised in reading the report of the Medical Research Council on the National Supply of Insulin for 1929-30 to learn that deaths from diabetes do not appear to have decreased in the proportion they should have done since the supply of insulin became general. The committee cannot be aware of the importance of Benedict's test to the diabetic, provided he is instructed how to test his own urine for sugar. The only way to make the insured population who suffer from diabetes keep fit and well is to make them take a personal interest in their condition and use insulin with understanding.

Fehling's solution is, of course, quite useless as a guide to a diabetic, and he cannot be continually running to his panel doctor for urine tests or blood sugar examinations. Nor is it necessary when he can detect by the simple Benedict's test—which any insured person can do in his own home in five minutes if he is shown how—quantities of sugar in the urine as low as 0.08 per cent. If all diabetics were shown this method a visit once a month to the hospital or doctor would keep them well, and diabetic coma would be a rarer condition to-day than it is. But when an influential committee of doctors consider Benedict's test of so little value that they exclude it from Medical Benefit, one cannot wonder that the national report on this complaint is as disappointing as it is. I should like, in conclusion, to quote the remarks of the Medical Research Council:

"It is not within the province of the Medical Research Council to deal with the factors in medical education or social organization that may effect the rapidity with which the community gain the practical benefits springing from the progress of knowledge, but it is among the responsibilities of the council to co-operate with all the other agencies at work in those difficult steps that intervene between the arrival of a new piece of knowledge and its effective use for the public good."

—I am, etc.,

June 18th. G. D. BARTON.

National Insurance

WARWICKSHIRE PANEL COMMITTEE

The report of the Warwickshire Panel Committee for the year 1930-31, in endorsing the remarks contained in the last annual report of the Insurance Acts Committee on change of doctor, states that the Warwickshire committee has strongly urged that the existing freedom of transfer should remain unimpaired, and that the freedom of choice of doctor, as in the case of a private patient, is in principle highly desirable.

During the year under review no case occurred for formal investigation of alleged excessive prescribing. Only one case of the kind has ever been established against a Warwickshire practitioner. The report states that the apparent result of the campaign for economy in prescribing appears to be a

slight drop in the frequency of prescription per patient in the area (3.67 per head in 1930, as against 4.11 in 1929) in a year which the Minister of Health has described as a good year. But the practical outcome of this elaborate pressure on doctors for economy is the payment to the chemists of a premium of 19.74 per cent. of their dispensing fees, on which an average premium of just under 5 per cent. is understood to have been paid ever since they took over the drug fund—an arrangement against which the Warwickshire committee has protested as being contrary to public policy. The report states that the committee is anxious that local practitioners shall, as far as possible, take advantage of the scheme for a National Eye Service promulgated by the British Medical Association; also that, where possible, advantage should be taken of the scheme initiated by the Association whereby insured persons and their dependants may benefit by a specially low scale of charges for necessary pathological work.

BOOKS ADDED TO THE LIBRARY

The following books were received by the Library of the British Medical Association during February and March, 1931:

Adam, H. L. (editor): Trial of George Chapman. 1930.
d'Allaines, F., and Armingeat, P.: L'Invagination Intestinale Aigue du Nourrisson. 1931.
American Medical Association: Illustrated Primer on Fractures. 1930.
Bailey, H.: Emergency Surgery, vol. i. 1930.
Bergstrand, H.: Über die Akute und Chronische Gelbe Leberatrophie. 1931.
Bertrand, I.: Techniques Histologiques de Neuropathologie. 1930.
Birkett, G. E.: Radium Therapy. 1931.
Bolduan, C. F.: Applied Bacteriology for Nurses. Sixth edition. 1930.
Bousfield, W. R.: Basis of Memory. 1928.
Brockbank, E. M.: Diagnosis and Treatment of Heart Disease. Sixth edition. 1930.
Bronson, B. S.: Nutrition and Food Chemistry. 1930.
Brown, L., and Sampson, H. L.: Intestinal Tuberculosis. Second edition. 1930.
Buchanan, R. E., and Fulmer, E. I.: Physiology and Biochemistry of Bacteria, three vols. 1928–30.
Carey, H. W.: Bacteriology for Nurses. Third edition. 1930.
Castle, W. E.: Genetics and Eugenics. Fourth edition. 1930.
Chabanier, H., and Lobo-Onell, C.: Exploration Fonctionnelle des Reins. 1930.
Chopra, B. R.: Expectant Mother and her Baby. 1929.
Christie, H. K.: Technique and Results of Grafting Skin. 1930.
Corner, G. W.: Anatomy. 1930.
Crowe, H. W.: Vaccine Treatment of Chronic Rheumatic Diseases. 1930.
Cursetji, J. J.: Substandard Lives and their Assessment. Second edition. 1929.
Davies, S. P.: Social Control of the Mentally Deficient. 1930.
Dawson, W. R.: The Beginnings, Egypt and Assyria. 1930.
Doubleday, E. M.: Practical Talks to Midwives. 1930.
Dumas, M. A.: Les Hypotensions Aiguës et Subaiguës. 1929.
Dupuy de Frenelle: Ostéosynthèse. 1931.
Findlay, A.: Spirit of Chemistry. 1930.
Fulton, J.: Physiology. 1931.
Gager, L. T.: Hypertension. 1930.
Glaister, J.: Medical Jurisprudence and Toxicology. Fifth edition. 1931.
Gribble, E. R.: Forty Years with the Aborigines. 1930.
Guillain, G., and Alajouanine, T.: Études Neurologiques. Fourth series. 1930.
Harris, J. A., et al.: Measurement of Man. 1930.
Harris, M. C., and Finesilver, B.: Normal Facts in Diagnosis. 1930.
Haultain, W. F. T., and Fahmy, E. C.: Ante-natal Care. Second edition. 1931.
Haxthausen, H.: Cold in Relation to Skin Diseases. 1930.
Hegner, R., and Andrews, J.: Problems and Methods of Research in Protozoology. 1930.
Herbst, E., and Apffelstaedt, M.: Malformations of the Jaws and Teeth. 1930.
Higoumenakis, G.: Le Bouton d'Orient. 1930.
Hirsch, N. D. M.: Twins, Heredity and Environment. 1930.
Hogben, L.: Nature of Living Matter. 1930.
Howard, R.: Surgical Nursing. Sixth edition. 1930.
Humbert, L.: Traitement Moderne des Varices. 1930.
Hutchison, R.: Lectures on Diseases of Children. Sixth edition. 1931.
Imms, A. D.: Recent Advances in Entomology. 1931.
Ingelrans, P.: La Sacro-Coxalgie et son Traitement. 1930.
Joltrain, E.: Les Urticaires. 1930.
Jumon, H.: L'Asthme Infantile. 1931.
Kafka, V.: Die Zerebrospinalflüssigkeit. 1930
Keith, Sir A.: Ethnos, or the Problem of Race. 1931.
Klüver, H.: Mescal, the Divine Plant, and its Psychological Effects. 1928.
Koby, F. E.: Slit Lamp Microscopy of the Living Eye. Second edition. 1930.
Lange, J.: Crime as Destiny. 1931.
Laroche, G., Richet, C., and Saint-Girons, F.: Alimentary Anaphylaxis. Translated by Rowe. 1930.
Layani, F.: Les Acrocyanoses. 1929.
League of Nations. Ten Years of World Co-operation. 1930.
Lejars, F.: Clinical Examination and Surgical Diagnosis. 1931.
Levine, M., and Schoenlein, H. W.: Compilation of Culture Media for the Cultivation of Micro-organisms. 1930.
Levitt, W. M.: Deep *X*-Ray Therapy in Malignant Disease. 1930.
Lockyer, C. H. J.: Catalogue of the Lockyer Collection of Obstetric and Gynaecological Specimens. 1930.
Lorand, A.: Verjüngung durch Anregung der Blutbildung. 1930.
Lyon, G.: Les Thérapeutics Nouvelles. 1930.
Macdowall, M.: Simple beginnings in the Training of Mentally Defective Children. 1930.
Mackie, T. J., and McCarthy, J. E.: Introduction to Practical Bacteriology. Third edition. 1931.
Maclaurin, C.: De Mortuis. 1930.
Marshall, A. M., and Hurst, H. G.: Practical Zoology. Eleventh edition, revised by H. G. Newth. 1930.
Mauz, F.: Die Prognostik der Endogenen Psychosen. 1930.
McAsh, I. F.: Dictionary of Dental Diseases and Treatment. 1930.
Meek, A.: Progress of Life. 1930.
Miller, E.: Modern Psychotherapy. 1930.
Mohr, F.: Psychotherapie bei organischen Erkrankungen. 1930.
Myers, J. A.: Tuberculosis among Children. 1930.
Nesfield, V.: Deafness and its Alleviation by Operation. Second edition. 1931.
Pearce, E. C.: Anatomy and Physiology for Nurses. 1929.
Pearse, I. H., and Williamson, G. S.: The Case for Action. 1931.
Pearson, H.: Doctor Darwin. 1930.
Pryde, J. J.: A B C of Vitamins. 1928.
Pye's Surgical Handicraft. Tenth edition, edited by H. W. Carson. 1931.
Ramond, F., and Jacquelin, C.: Radiologie del'Estomac et du Duodénum. 1930.
Rawling, L. B.: Stepping Stones to Surgery. 1930.
Reed, A. C.: Tropical Medicine in the United States. 1930.
Roberts, E. H.: Recent work on Colporrhaphy, Rheumatism and Coli Bacilluria. Second Edition. 1930.
Rolleston, Sir H.: Internal Medicine. 1930.
Romanis, W. H. C., and Mitchiner, P. H.: Surgical Emergencies in Practice. 1931.
Salmon, A.: La Fisio-Patologia del Sonno. 1930.
Sansum, W. D., Gray, P. A., and Bowden, R.: Treatment of Diabetes Mellitus. 1930.
Schall, W. E.: *X*-Rays. 1928.
Scholtz, W.: Diagnose, Differentialdiagnose und Behandlung der Haut- und Geschlechts-Krankheiten. 1930.
Sézary, A.: Le Traitement de la Syphilis. 1930.
Smith, S., and Glaister, J.: Recent Advances in Forensic Medicine. 1931.
Spencer, W. G., and Cade, S.: Diseases of the Tongue. Third edition. 1931.
Stevens, H. B., and Lucas, C. E. L.: First Lines in Dispensing. Third Edition. 1931.
Thompson, C. J. S.: Mystery and Lore of Monsters. 1930.
Thorington, J.: Refraction of the Human Eye. Second edition. 1930.
Traquair, H. M.: An Introduction to Clinical Perimetry. Second edition. 1931.
Walton, A. J.: Surgical Dyspepsias. Second edition. 1930.
War Office: Manual of Treatment of Gas Casualties. 1930.
Webster, R. W.: Legal Medicine and Toxicology. 1930.
Whitehouse, R. H., and Grove, A. J.: Dissection of the Frog. 1930.
Wiggers, C. J.: Pressure Pulses in the Cardiovascular System. 1928.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commander L. A. Moncrieff to R.N. Barracks, Devonport.

Surgeon Lieutenants to be Surgeon Lieutenant Commanders: H. W. Strong, R. Schofield (Emergency).

Surgeon Lieutenant J. Y. Woodhouse to the *Hood*.

H. E. B. Curjel has entered as Surgeon Lieutenant for short service, and appointed to the *Victory*, for R.N. Hospital, Haslar.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commanders H. E. Hall to the *Iron Duke*; S. W. Davidson to the *Frobisher*, June 20th, and to the *Victory*, July 8th; G. A. Clark to the *Champion*.

Surgeon Lieutenant R. W. H. Tincker to be Surgeon Lieutenant Commander.

Surgeon Lieutenant G. M. Tanner to R.N. Barracks, June 17th, and to the *Tiverton*, July 1st.

Probationary Surgeon Sublieutenants G. F. Jones to the *Renown*; W. H. Foy and H. R. Vickers to the *Victory*, for R.N. Hospital, Haslar; J. P. Blaiklock to the *Concord*; B. R. Alderson to the *Cambrian*.

ROYAL ARMY MEDICAL CORPS

Lieut.-Colonel A. A. Meaden, D.S.O., having attained the age for compulsory retirement, is placed on retired pay.

Major (temporary Lieut.-Col.) A. C. Elliott to be Lieutenant-Colonel.

Major W. B. Purdon, D.S.O., O.B.E., M.C., to be temporary Lieutenant-Colonel.

Lieutenant D. C. McC. Ettles to be Captain.

J. M. Gibbon to be Lieutenant (on probation), and is seconded under the provisions of Article 213, Royal Warrant for Pay and Promotion, 1931.

ROYAL AIR FORCE MEDICAL SERVICE

E. A. Gudgeon is granted a short service commission as a Flying Officer for three years on the active list.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. T. F. Ritchie, D.S.O., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Captain W. E. A. Buchanan to be Major.

Captain C. A. D. Mitchell (late T.A. Reserve of Officers, 4th Battalion, Devon Regiment) to be Lieutenant, and relinquishes the rank of Captain.

Lieutenant H. S. Kent (late R.G.A. Special Reserve) to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Second Lieutenant G. D. Kersley, from General List, T.A., to be Lieutenant.

INDIAN MEDICAL SERVICE

Colonel G. Hutcheson has retired from the Service.

Brevet Colonel R. McCarrison, C.I.E., K.H.P. (supernumerary), has been promoted to the rank of Colonel, with seniority from January 1st, 1922.

Lieut.-Col. F. E. Wilson to be Colonel (September 16th, 1930).

Lieut.-Col. J. P. Cameron, C.I.E., has been appointed as Inspector-General of Civil Hospitals and Prisons, Assam.

Major R. L. Vance has been appointed substantively as an Agency Surgeon under the Government of India in the Foreign and Political Department.

Major H. Williamson, O.B.E., has been posted as Civil Surgeon, Quetta.

Major J. G. Bird has been posted as Civil Surgeon, Sibi.

Captain John Acheson has been appointed to the Service on probation, with effect from April 30th, 1928 (seniority June 25th, 1927).

Lieutenant J. S. McMillan to be Captain (prov.).

Dr. Bhagat Ram Tandon to be Captain (prov.), seniority August 25th, 1924.

Dr. Venkatachari Srinivasan to be Lieutenant, seniority August 25th, 1929.

To be Lieutenants (on probation): J. R. Dogra, S. Narain.

The seniority of Lieutenant A. K. Gupta has been antedated to July 15th, 1928.

COLONIAL MEDICAL SERVICES

The following appointments are announced: E. J. Daly, Senior Health Officer, Nigeria; J. Barclay and W. E. S. Merrett, Medical Officers, Nigeria; H. G. Calwell, Medical Officer, Tanganyika; B. A. Moss and W. C. E. Diamond, Medical Officers, Malayan Medical Service.

VACANCIES

ACCRINGTON: VICTORIA HOSPITAL.—H.S.

ARMAGH COUNTY MENTAL HOSPITAL.—A.M.O.

ASHFORD HOSPITAL, Kent.—H.S.

BARKING TOWN URBAN DISTRICT.—A.M.O.H.

BARNSLEY: BECKETT HOSPITAL AND DISPENSARY.—(1) C.O. (2) H.P.

BIRMINGHAM CITY.—C.O. (male) at Selly Oak Hospital.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—R.S.O.

BIRMINGHAM: MIDLAND HOSPITAL.—H.S.

BIRMINGHAM UNIVERSITY.—Walter Myers Travelling Studentship.

BOLINGBROKE HOSPITAL, Wandsworth, S.W.11.—(1) H.P. (male). (2) Hon. P. for Diseases of Children.

BOLTON INFIRMARY AND DISPENSARY.—Two H.S.

BOOTLE GENERAL HOSPITAL.—H.P.

BRADFORD: ROYAL EYE AND EAR HOSPITAL.—J.H.S. (male).

BRIDGWATER GENERAL HOSPITAL.—H.S.

BRIGHTON COUNTY BOROUGH.—(1) M.O. (2) S.R.A.M.O. (3) Visiting Surgical Specialist at the Poor Law Institution. (4) R.M.O. (male, unmarried) at Borough Infectious Diseases Hospital and Sanatorium.

BURSLEM, HAYWOOD, AND TUNSTALL WAR MEMORIAL HOSPITAL.—J.R.M.O. (female, unmarried).

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Resident Anaesthetist and Emergency Officer (male, unmarried).

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.1.—(1) S.H.S. (2) J.H.S.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—R.H.S. (male).

CHICHESTER: ROYAL WEST SUSSEX HOSPITAL.—A.H.S.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.—P. to In-patients.

CONNAUGHT HOSPITAL, Walthamstow.—R.H.P. (male).

COVENTRY AND WARWICKSHIRE HOSPITAL.—R.C.O. (male).

DUDLEY: GUEST HOSPITAL.—Two H.S.

DURHAM COUNTY HOSPITAL.—Two H.S.

ECCLES AND PATRICROFT HOSPITAL.—R.H.S.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—(1) Two Hon. R.H.S. (2) Three Hon. R.H.P.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—(1) H.S. to Special Departments. (2) H.P. (male).

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—H.S. (male).

GROSVENOR HOSPITAL FOR WOMEN, S.W.1.—R.M.O.

HARROGATE INFIRMARY.—(1) H.P. (2) S.H.S. (3) J.H.S. Males.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.3.—Three H.P.

HULL ROYAL INFIRMARY.—Third H.S. (male).

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—R.H.P. (lady).

INGHAM INFIRMARY, South Shields.—H.S. (male).

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—C.O.

KING'S COLLEGE HOSPITAL, S.E.5.—Junior Ophthalmic S.

LANCASHIRE COUNTY COUNCIL.—J.H.S. (woman) at Biddulph Grange Orthopaedic Hospital.

LEICESTERSHIRE COUNTY COUNCIL.—Assistant County M.O.H.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—(1) Four H.S. (2) Two H.P.

LONDON COUNTY COUNCIL.—(1) A.M.O. (male) at St. Alfege's Hospital, Greenwich. (2) R.M. Superintendent at North-Eastern Fever Hospital, St. Ann's Road, N.

LONDON HOSPITAL, E.1.—First Assistant and Registrar to the Children's Department.

LONDON JEWISH HOSPITAL, Stepney Green, E.1.—Assistant Gynaecologist.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.—Senior Demonstrator in Pathology.

LONDON UNIVERSITY.—Examiners.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.—A.M.O. for Crossley Sanatorium.

MANCHESTER ROYAL EYE HOSPITAL.—J.H.S.

MIDDLESEX HOSPITAL AND MEDICAL SCHOOL.—Medical Registrarship.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Pathologist.

NATIONAL HOSPITAL, Queen Square, W.C.1.—(1) R.M.O. (2) Hon. Assistant Radiologist. (3) Registrar.

NELSON HOSPITAL, Merton, S.W.20.—Second H.S.

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.—Two Whole-time Junior Surgical Registrars.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Lectureship on Diseases of the Throat, Nose, and Ear.

NEWPORT, MON.: ROYAL GWENT HOSPITAL.—J.R.M.O.

NOTTINGHAM GENERAL HOSPITAL.—(1) H.S. (2) C.O. (male).

OLDHAM ROYAL INFIRMARY.—H.P. and C.O.

PORTSMOUTH CITY.—Deputy M.O.H.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—(1) H.S. (2) Two Anaesthetists.

RADIUM INSTITUTE, Riding House Street, W.1.—H.S. (unmarried).

ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—H.S. (male, unmarried).

ROTHERHAM HOSPITAL.—C.H.S.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—(1) Clinical Assistantships. (2) R.H.S. at Eastman Dental Clinic.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.1.—Registrar.

SHEFFIELD CITY.—(1) Assistant Tuberculosis Officer. (2) A.M.O at City General Hospital. Males.

SHEFFIELD: CHILDREN'S HOSPITAL.—(1) Registrar-Pathologist. (2) Third R.M.O. (female, unmarried).

SHEFFIELD: ROYAL INFIRMARY.—(1) H.S. (2) Ophthalmic H.S. (3) Assistant Aural and Ophthalmic H.S. (4) Surgical Registrar.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—(1) H.P. (2) C.O.

STOCKTON AND THORNABY HOSPITAL.—J.R.M.O. (male).

SUNDERLAND: CHILDREN'S HOSPITAL.—Two R.M.O (females).

SUNDERLAND: ROYAL INFIRMARY.—(1) H.S. (2) H.P. Males.

WALLASEY: VICTORIA CENTRAL HOSPITAL.—J.H.S. (male).

WALSALL COUNTY BOROUGH.—J.R.A.M.O. (male) at Manor Hospital.

WALSALL GENERAL HOSPITAL.—H.S.

WESTMORLAND SANATORIUM, Grange-over-Sands.—A.M.O. (male).

WEST NORFOLK AND KING'S LYNN HOSPITAL.—H.P.

WILLESDEN GENERAL HOSPITAL, N.W.10.—(1) Registrars. (2) H.S. (3) H.P.

WOLVERHAMPTON COUNTY BOROUGH.—A.M.O.

WOLVERHAMPTON: ROYAL HOSPITAL.—(1) H.S. (2) H.P. (3) Fracture and Orthopaedic Surgeon.

WORCESTER GENERAL INFIRMARY.—S.H.S.

CERTIFYING FACTORY SURGEON.—The appointment at Annbank (Ayr) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS

MILLER, W. H., M.D., Medical Referee under the Workmen's Compensation Act, 1925, for the District of the Bedford County Court (Circuit No. 20), and for the Districts of the following County Courts (Circuit No. 25): Hitchin, Luton, Biggleswade, Huntingdon, Peterborough, Thrapston, and Oundle, vice W. Gifford Nash, F.R.C.S., resigned.

DIARY OF SOCIETIES AND LECTURES

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.—Lectures by Dr. Harley Williams: Wed., 7.30 p.m., at Longriggend; Thurs., 7.30 p.m., at Bothwellhaugh; Fri., 7 p.m., at Douglas Water.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—Annual Dinner at Trocadero Restaurant, Wed., 7.45 p.m.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.1.—*Royal National Orthopaedic Hospital*, 234, Great Portland Street, W.: Mon., 1.30 p.m., Mr. A. Rocyn-Jones, Demonstration of Cases in the Out-patient Department; no fee. *Victoria Hospital for Children*, Tite Street, S.W.: Tues., 2.30 p.m., Dr. R. C. Jewesbury, Ward Round; no fee. *Prince of Wales's Hospital*, Tottenham, N.: Fri., 2.30 p.m., Dr. B. H. Jones, Demonstration in the Out-patient Department, no fee; 3 p.m., Mr. Dickson Wright, Demonstration of the Treatment of the Complications of Varicose Veins, no fee; second week of Special Course in Medicine, Surgery, and the Specialties, 10.30 a.m. to 5.30 p.m., Demonstrations, Operations, Lectures; fee £3 3s., payable to Fellowship of Medicine. *St. John's Hospital*, Lewisham: Dr. John Gibbens, Special Course in Diseases of Children, for two weeks, every afternoon; suitable for M.R.C.P. candidates; fee £5 5s., payable to the Fellowship of Medicine. *Royal Waterloo Hospital*, Waterloo Road, S.E.: Wed., 4.30 p.m., Dr. Slot, Recent Advances in Treatment of Disorders of Calcium Metabolism and Calcium Therapy; fee 2s. 6d., payable at lecture hall. *St. Mark's Hospital*, City Road, E.C.: Special one-week Course in Proctology, Operations, Demonstrations, Lectures, occupying all day; fee £3 3s. *Hospital for Tropical Diseases*, 25, Gordon Street, W.C.: Third week of Course in Tropical Medicine, all day; fee £2 16s., payable to Fellowship of Medicine. Copies of Syllabuses of all Courses from the Fellowship of Medicine.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Tues. and Wed., Course in Methods of Examination and Diagnosis. Fri., 4 p.m., Mr. F. W. Watkyn-Thomas, Spreading Infections of the Sinuses.

KENSINGTON PHYSICAL TREATMENT CENTRE, 15, Holland Park Gardens, W.14.—Thurs., 8.30 p.m., Dr. J. B. Mennell, Joint Manipulation of the Upper Extremities.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Medical, Surgical, Throat, and Children's Clinics, Operations. Fri., 10.30 a.m., Throat Clinics; 2.30 to 5 p.m., Medical and Surgical Clinics, Operations.

ROYAL CHEST HOSPITAL, City Road, E.C.1.—Tues., 3.15 p.m., Dr. D. Barty King, Demonstration of Cases.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—Wed., 4.30 p.m., Dr. Nathan Mutch, Oxaluria.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.6.—Mon., 10 a.m., Gynaecological Ward Visit, Genito-Urinary Operations, Skin Department; 11 a.m., Surgical Ward Visit; 2 p.m., Surgical Ward Visit, Medical, Surgical, Eye, Gynaecological Out-patients. Tues., 9.30 a.m., Operations; 10 a.m., Medical Ward Visit, Dental Department; 11 a.m., Throat Operations; 11.30 a.m., Surgical Clinical Demonstration; 2 p.m., Medical, Surgical, Throat Out-patients, Operations, Medical Ward Visit. Wed., 10 a.m., Medical Ward Visit, Children's Medical Out-patients; 2 p.m., Medical, Surgical, and Eye Out-patients, Gynaecological Operations; 4.45 p.m., Venereal Diseases. Thurs., 10 a.m., Neurological Department; 11.30 a.m., Treatment of Fractures; 2 p.m., Medical, Surgical, and Eye Out-patients, Genito-Urinary Department, Operations. Friday, 10 a.m., Medical Ward Visit, Skin and Dental Departments; 12 noon, Medical Lecture; 2 p.m., Medical, Surgical, and Throat Out-patients, Operations. Sat., 9 a.m., Throat Operations; 10 a.m., Medical Ward Visits, Surgical and Children's Medical Out-patients.

BIRMINGHAM UNIVERSITY CLINICAL BOARD.—At General Hospital: Tues., 3.30 p.m., Mr. Beatson Hird, Ocular Palsies. At Queen's Hospital: Fri., 3.30 p.m., Mr. W. Gemmill, Demonstration of Surgical Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE
TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh).

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association

JUNE

26 Fri. London: Naval and Military Committee, 2 p.m.

27 Sat. Rochdale Division: Rochdale Infirmary, 8.30 p.m.
York Division: York Medical Society's Room, 17, Stonegate, York, 8.30 p.m. General Meeting.

29 Mon. City of Aberdeen and Aberdeen and Kincardine Counties Divisions: 29, King Street, Aberdeen, 4 p.m. Annual Meetings. Conjoint Meeting, 4.30 p.m.
Gateshead Division: 9, Walker Terrace, Gateshead-on-Tyne, 8.30 p.m. General Meeting.
Southport Division: 52, Hoghton Street, Southport, 8.30 p.m.
Torquay Division: Torbay Hospital, 4.30 p.m. General Meeting.
Warwick and Leamington Division: Warneford Hospital, Leamington Spa, 8.30 p.m. Annual Meeting.

30 Tues. London: Organization Committee, 2.15 p.m.
Croydon Division: Croydon General Hospital, 8.30 p.m. General Meeting.
North Northumberland Division: Infirmary, Alnwick, 3 p.m.
St. Helens Division: Royal Raven Hotel, 4 p.m. Annual Meeting.
South Middlesex Division: Teddington, Hampton Wick, and District Memorial Hospital, Teddington, 8.45 p.m.

JULY

1 Wed. Furness Division: Victoria Park Hotel, Barrow, 3.15 p.m.
Surrey Branch: Selsdon Park Hotel, near Croydon, 1.45 p.m. Annual Meeting. Greyhound Hotel, Croydon, 6.30 p.m., Annual Dinner.

2 Thurs. London: Insurance Acts Committee, 11.30 a.m.
North of England Branch: Palatine Hotel, Sunderland, 12.30 p.m. Annual Meeting.
South Wales and Monmouthshire Branch: Cardiff Royal Infirmary, 3.30 p.m. Annual Meeting. Presidential Address by Dr. E. E. Brierley.

3 Fri. Hendon Division: Hendon Cottage Hospital, 8.30 p.m. Clinical Meeting. Address by Mr. N. Bishop Harman.

7 Tues. London: Hospitals Committee, 2.30 p.m.

8 Wed. Hertfordshire Branch: Bishop's Stortford College. Annual Meeting.
North Lancashire and South Westmorland Branch: Ethel Hedley Hospital, Calgarth, Windermere, 3.15 p.m. Annual Meeting.

10 Fri. London: Arrangements Committee, Centenary Meeting, 2 p.m.

15 Wed. Norfolk Branch: Norfolk and Norwich Hospital, Norwich, 3.30 p.m. Address by Sir William Willcox.

20 Mon. Eastbourne: **Council**, 9 a.m.

22 Wed. Eastbourne: **Council**, 9 a.m.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH

MACPHERSON.—On June 8th, at the Queen Mary Nursing Home, 35, Chalmers Street, Edinburgh, to Hylda, wife of Dr. Duncan C. M. Macpherson, Government Medical Officer, Junafuti, The Ellice Islands, South Pacific, a son.

MARRIAGE

TAYLOR—HERN.—On June 10th, 1931, at the Wesleyan Church, Hinde Street, W., by the Rev. H. Bisseker, assisted by the Rev. S. Bayne, William Porritt Taylor to Enid Mary Hern, M.B., Ch.B.Ed., elder daughter of John Hern, M.D., F.R.C.S.Ed., and Mrs. Hern of Reigate (late of Darlington).

Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

LONDON: SATURDAY, MAY 9th, 1931.

THE REGISTER OF BIO-PHYSICAL ASSISTANTS.

The Representative Body of the British Medical Association, at its annual meeting in 1928, pointed out the need for the registration of competent and suitable lay persons to whom medical practitioners could with confidence send their patients for electrical treatment and actinotherapy. A small committee of experts was formed to draft general lines of procedure, and an arrangement was entered into with the Society of Apothecaries of London to institute a register of approved persons under the conditions prescribed. Regulations were drawn up and the first *Register of Bio-Physical Assistants* was printed and published in book form a year ago under the direction of the Society of Apothecaries. With the object of making the Register widely known and easily accessible to members of the medical profession at home and abroad, it has been decided to publish, as a special Supplement to THE BRITISH MEDICAL JOURNAL this week, the complete list of names on the roll of bio-physical assistants, revised to March 31st, 1931. The entries in Part I are arranged in alphabetical order, with postal addresses; in Part II the names are regrouped geographically. Subject to the reservation in respect of blind masseurs and blind masseuses, those whose names appear in the general and local lists printed below have been approved by the Society of Apothecaries of London as persons "competent to dispense the direct current, ionization, faradic currents, sinusoidal currents, diathermy, high frequency currents, light and heat, and ultra-violet light."

Explanation of Prefixes used in the Register—

* Chartered Masseur (or Masseuse).

† This member is a Blind Masseur (or Masseuse) and is qualified to undertake treatment in the following subjects only: Faradism, Galvanism, Sinusoidal Current, Radiant Heat, High Frequency (excluding Auto-condensation).

‡ This member is a Blind Masseur (or Masseuse) and is qualified to undertake treatment in the following subjects only: Faradism, Galvanism, Sinusoidal Current, Radiant Heat, High Frequency (excluding Auto-condensation), and Diathermy.

§ Member of the Society of Radiographers.

‖ Not in private practice.

A.

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*Anderson, Helena Margaret, 24, Park Crescent, Portland Place, W.1.
*Anderson, Margerie Bessie, Balmaha, Quarry Road West, Heswall, Cheshire.
*Andrews, Joan Meares, Colney, Norwich, Norfolk.
*Andrews, Marjorie Vera, Foxwold, Southbourne, Bournemouth.
*Ansell, Lydia Freeman, 35, Highcroft Gardens, N.W.11.
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B.

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*Batt, Winifred Maude, Savernake, Burcott Road, Purley, Surrey.
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*Battle, Ida, 26, Brunswick Place, Hove, Sussex.
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*Daniel, Mabel Gwendoline Mary, 36, Putney Hill, S.W.15.
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*Edmunds, Henry James, White Heather, Temple Street, Llandrindod Wells, Radnor.
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*Elsmore, Bessie Aileen (Mrs.), Dalreg, Hatch End, Middlesex.
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*Palmer, Edith Violet, Massage Department, Royal Infirmary, Bristol.
Palmer, Ernest John, 14, Lower Brook Street, Ipswich, and 3A, Church Street North, Colchester.
*Parkinson, Annie Miriam, The Old Parsonage, Stourbridge, Worcestershire.
*Parrett, Laurenda Annie, Thorne, Doncaster, Yorks.
*Pattison, Thomas Ernest, 69, Hawarden Crescent, Sunderland, Co. Durham.
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*Peace, Marjorie May, Dorridge Croft, Dorridge, near Birmingham.
*†Peacock, David Kerr, Thornborough House, Clarendon Road, Watford, Herts.
*Pearce, Dorothy Madeleine, Leo House, Amblecote, near Stourbridge, Worcestershire.
*Pearce, Ethel Lavinia, Leo House, Amblecote, near Stourbridge, Worcestershire.
*†Pearey, William Scott, 3, Victoria Square, Jesmond, Newcastle-on-Tyne.
*Pearman, Dorothy, Woodcote, Hindhead, Surrey.
*Pearse, Helen Mary, 5, Broadway Mansions, Earlsdon, Coventry, Warwickshire.
*Pearse, Lucie Freda, Glebe House, Great Amwell, Ware, Herts.
*Peck, Phyllis, Key West, St. Anthony's Road, Blundellsands, Liverpool.
*Pegler, Barbara Joan, 2, Hickman Road, Penarth, Glam.
*Penfold, Charlotte Helen (Mrs.), 1, Circus Road Mansions, St. John's Wood, N.W.8.
*Permain, Muriel Kingsley, Devon House, Harold Road, Upper Norwood, S.E.19.
*Peters, Brenda Hitchings, c/o Midland Bank, Ltd., 431, Oxford Street, W.1.
*†Peto, Albert George, Church House, Heavitree, Exeter.
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*Philip, Grace Marshall Chalmers, 19, Thorn Drive, High Burnside, Glasgow.

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*Picton, Marjorie Emily, 13, Mount Joy, Durham City, Co. Durham.
*Pixton, Ethel (Mrs.), 11, Manchester Road, Bury, Lancs.
*Plant, Marjorie, 354, Crookesmoor Road, Sheffield.
*†Pocock, Albert Richard, 55, Victoria Road, Bridgwater, Somerset.
*Poelde, Alvine Katherine, Barr Beacon, Merthyrmawr Road, Bridgend, Glam.
Pond, Eleanor M., 1, Montpelier Crescent, Brighton.
*Poths, Bertha Clara Mary, The End House, Crescent Road, Burgess Hill, Sussex.
*Pottage, Edith Mary, Warneford General Hospital, Leamington Spa, Warwickshire.
*Potter, Nora Ellen, 21, St. Michael's Road, Bedford.
*Poulter, Aline Marian, St. Ann's Electrical Institute, 39, Brunswick Place, Hove, Brighton.
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*Pratt, Dorothy Lingen, 1, Hughenden Road, Clifton, Bristol.
*Pratt, Gwendoline Ursula, 56, Manchester Street, W.1.
*Pratt, Margaret Charlotte Evelyn, 18, Warren Avenue, Cheadle, Cheshire.
*Pratt, Molly Evelyn, 11, Park Hill Road, Harborne, Birmingham.
*Preedy, Constance Mitchell, Ravenhurst, North Street, Dudley, Worcestershire.
*Prestidge, Rhoda, Kidlington, Oxford.
*Preston, Marjorie May, Fairleigh, Shepperton, Middlesex.
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*Priestman, Ursula Mary, 46, Broomgrove Road, Sheffield.
Pugh, Henry, The Croft, 14, Hervey Close, Church End, Finchley, N.3.
*Purser, Hilda Nancy, 25, Emperor's Gate, S.W.7.
*†Puzey, James Sydney Moore, Hadleydene, Station Road, New Barnet, Herts.

R.

Rainey, Sydney George Atkinson, 21, Lord Street, Southport, Lancs.
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*Raven, Barbara Joan, Broza, The Ridge, Purley, Surrey.
*Rayner, Beatrice Dora, Torquay, Sandy Lane North, Wallington, Surrey.
*Read, Alice Caroline (Mrs.), 17, Carlton Road, Sidcup, Kent.
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*†Rees, Arthur, 18, Goldwell Road, Thornton Heath, Surrey.
*Rees, Muriel, 3, Upper Hale Lane, Edgware, Middlesex.
*Reeves, Gertrude Elizabeth Ann, Tyne House, Lewes, Sussex.
*Reid, Gladys, 36, Hamilton Road, Highbury, N.5.
*Reid, Janet, Branksome, 53, Palewell Park, East Sheen, S.W.14.
*Reid, Linda Mary Kilpatrick, 39, Norwood Grove, Liverpool.
*Reilly, Sheila, Creswell Lodge, Moor Park, Great Crosby, Liverpool.
*Reilly, Sophia Charlotte, 129, St. George's Road, S.W.1.
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*†ap Rhys, Thomas, 7, Glandwr Terrace, Bangor, Carnarvonshire.
*Richards, Eileen Dora, 5, Hurst Close, N.W.11.
*Rickards, Thelma Florence, 3, Wood Dene, Church Street, Leatherhead, Surrey.
*Ricketts, Mildred Lucy, Hillcroft, Coombe Lane, Yeovil, Somerset.
*Rickman, Lily Ethel, Bootle General Hospital, Derby Road, Bootle, Lancs.
*Riddell, Elizabeth, 6, Doune Quadrant, Kelvinside, Glasgow.
*Ridgway, Gertrude Winifred, 28, Portland Road, Holland Park, W.11.
*Rigby, Annie Craven, Hydro Hotel, Buxton, Derbyshire.
*Riley, Lottie Emily, 65, Blenheim Terrace, St. John's Wood, N.W.8.
*Robbens, William Edward, 6, High Street, Ascot, Berks.
*Robertson, Constance Violet, 2, Cotham Park Mansions, Bristol.
*Robertson, Mona Brenda, 47, Colinton Road, Edinburgh.
*Robertson, Olive Rhoda (Mrs.), 72, Durbar Avenue, Foleshill, Coventry.
*Robinson, Dorothy Margaret, 5, Oxford Row, Bath.
*Robinson, Frances Margaret, 151, Park Road, Teddington, Middlesex.
*†Robinson, Herbert Reginald (Captain), 229, Balham High Road, S.W.17.
*Robinson, Marjorie Emily, 31, St. Mildred's Road, Lee, S.E.12.
*Robinson, Sybil Mary, Langdon, Court Road, Eltham, S.E.9.
*Roche, Emily Deane, Queen Mary's Hospital, Roehampton, S.W.5.
*†Roden, Terence George, 54, Manor Drive, Wembley Park, Middlesex.
Rogers, Nora Cameron, 116, Old Road, Flowery Field, Hyde, Cheshire.
Rooff, Ethel M., 42, Saltram Crescent, W.9.
*Roquette, Anna Margareta, 5, Brunswick Square, W.C.1.
*Rorstrom, Ellen Idalia, 42, Courtenay Road, Cardiff.
Rose, Constance Lasenby, 3143, Irma Street, Victoria, British Columbia, Canada.
Ross, Christina L. (Mrs.), 27, Cavendish Chambers, c.o Krins and Jeppe Streets, Johannesburg, South Africa.
*†Ross, Elizabeth, Arkleby, Aspatria, Cumberland.
* Ross, Elsie Helen, 39, Chestnut Road, West Norwood, S.E.27.
*Ross, Joan, Queen Alexandra Club, 92, Cromwell Road, S.W.7.
*Ross, Margaret Farquhar, 9, Grantly Gardens, Shawlands, Glasgow, S.1.
*Rowsell, Ellen Grace, 54, Cromwell Road, Montpelier, Bristol.
*Royle, May Hilton, Ancoats Hospital, Manchester.
Rudd, Ida Ferris, The Cancer Hospital, Fulham Road, S.W.3.
*Rushton, Ada, 32, Hough Green, Chester.
*†Russell, Charles George Vaughan, 38, Barrowgate Road, Chiswick, W.4.
*Rust, Isobel Stuart, 11, Endsleigh Street, W.C.1.
Rylatt, Thomas William, 10, Union Street, Guernsey, Channel Islands.

S.

*Sales, Elizabeth, Hylands, Goddington Lane, Orpington, Kent.
*Salvesen, Mary Forbes (Mrs.), 6, Drumsheugh Gardens, Edinburgh.
*Sanders, Dorothy Henrietta Irene, 5, Westwood Road, Southampton.
*Sanderson, Grace, Wood Vale, Brighouse, Yorks.
*†Savage, Ernest William, 101, Park Avenue, Mitcham, Surrey.
*Schipper, Emily, 40, Beaufort Road, Edgbaston, Birmingham.
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*Scholefield, Gertrude Violet (Mrs.), 46, Westgate, Hale, Cheshire.
*Scott, Audrey Joan, The Cottage, Druid Stoke Avenue, Bristol.
*†Scott, William Clifford, 65, Claremont Road, Alexandra Park, Manchester.
*Scott, William Thomas, 46, Leigham Avenue, Streatham, S.W.16.
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*Shave, Mary L., Barry Cottage, Silverdale Road, Bushey, Herts.
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*Simpson, Jean Gilchrist, 9, Burnclench Avenue, Cambuslang, Glasgow.
*Sinclair, Eva Constance, Bedford Buildings, 7, Bedford Street, Belfast.
Skinner, John, X-ray Department, Government Civil Hospital, Hong Kong, China.
*Sky, Winifred, 28, Wickham Road, Beckenham, Kent.
*Slater, Dorothea Emmalina, St. John's Hospital, Lewisham, S.E.13.
*Sloan, Jessie Dennistoun, Creston, Helensburgh, Dumbartonshire.
*Smith, Daisy Mary, 27, Hornsey Lane Gardens, Highgate, N.6.
*Smith, Frances Rosa, 3, Great Charles Street, Birmingham.
*Smith, Isabel Margaret, 108, Cromwell Road, S.W.7.
*†Smith, John Holbrooke, Roseberry Villa, 54, Welbeck Road, Bolsover, Derbyshire.
*Smith, Joyce Annie, 14, Effingham Road, St. Andrew's Park, Bristol.
*Smith, Lucy Mary Alice, The Octagon, 117, Grove Street, Liverpool.
*Smith, Margaret C., 55, Beaumont Street, W.1.
*Smith, Margaret Hamilton (Mrs.), Electrical Department, Royal Free Hospital, Gray's Inn Road, W.C.1.
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Smith, Ronald, 382, Hainton Avenue, Grimsby, Lincs.
*Smith, Thomas, 57, Compton Road, N.1.
*Smith, Vera Christine Vernon, 49, Ashley Down Road, Horfield, Bristol.
Smith, W. Charles, 12, Whiteladies Road, Clifton, Bristol.
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*†Stacey, George Christopher, The Bungalow, North Lane, Mark's Tey, Essex.
*Stallard, Florence Mildred, Redland, Colwall, Malvern, Worcestershire.
*Stamper, Anne Frances, 47, Arundel Gardens, Kensington Park Road, W.11.
*Stead, Joan Mary, Woodside, 127, Boundary Road, Wallington, Surrey.
*†Steel, Edward Albert Arundel, 60, Park Lane, Croydon, Surrey.
*†Steel, Hugh, Nevill Street, Abergavenny, Wales.
*Stempel, Jeannette Therese Catharina, 56, Weston Park, Crouch End, N.8.
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*Stewart, Emma Margaret, 28, Devonshire Road, Birkenhead, Cheshire.
*Stewart Brown, James Samuel, Hygeia, Falmouth, Cornwall.
*Stiff, Florence Annie, Corfe Castle, Dorset.
*Stilwell, Frances Helen, 5, Hanger Lane, Ealing Common, W.5.
*†Stitch, Egbert Arthur, 29, School Lane, Liverpool.
*Stokes, Eva Gertrude, 14, Brighton Vale, Monkstown, Co. Dublin.
*Stokes-Rees, Audrey, 61, London Road, Tunbridge Wells, Kent.
Stoney, Thomas Johnston St. Leger, Hume Hospital, Dublin.
*Stormont, Winifred Alice, 11, Western Parade, Southsea, Hants.
*Stout, Madeline, 10, St. James' Road, Wallasey, Cheshire.
*†Strachan, William, Campfield, Cadzow Street, Motherwell, Lanarkshire.
*Strange, Joan Colebrook, 13, North Street, Worthing, Sussex.
*Strathern, Clara Alice, Albany Massage and Electrical Institute, 1, Lynedoch Place, Glasgow, C.3.
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*Sumner, Constance Lyrian, Steadholm, Tintern, Monmouthshire.
*†Sutherland, Thomas Minett Stanley, Salisbury, Southern Rhodesia, South Africa.
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T.

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*†Taplin, William Charles, 112, Redland Road, Redland, Bristol.
*†Tarry, Sydney Cyril, 25, Spencer Road, Wandsworth Common, S.W.18.
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*Taylor, Edith Bulpin, Westbourne, Hendford Hill, Yeovil, Somerset.
*†Taylor, George Frederick, 5, Seymour Road, Harringay, N.4.
*Taylor, Gladys Muriel, 128, Abbey Road, N.W.6.
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*Taylor, Kate Florence, British Red Cross Clinic, 92, Dalston Lane, E.8.
*Taylor, Mary Anna (Mrs.), Glen-Rosa, 3, Alan Road, Withington, Manchester.
Taylor, Meryl Owen, 12, East Circus Street, Nottingham.
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*Thompson, Winifred May, Binchester Crag, Willington, Co. Durham.
*Thomson, Elizabeth Knox, 27, St. Oswin's Avenue, Cullercoats, Northumberland.
*Thorn, Eveline Rhoda, 67, Elderfield Road, Lower Clapton, E.5.
*Thornton, Cecilia Marie, Felton House, Rickmansworth, Herts.
*†Thornton, John, 78, Bayham Street, Camden Town, N.W.1.
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*Timmins, Kathleen Miller, 6, Buckingham Vale, Clifton, Bristol.
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*Turner, Monica Beatrice, 7, Central Beach, Lytham, Lancs.
Tyler, Sydney Marjorie, The Cancer Hospital, Fulham Road, S.W.3.

U.

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V.

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W.

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*Walsh, Muriel, 2, Queen's Gate Terrace, S.W.7.
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*Warleigh, Irene Marion Gladys, Bracfoot, The Avenue, Sherborne, Dorset.
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*†Way, Percy Linney, Castellain, 6, Blenheim Gardens, Wallington, Surrey.
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*†Wells, Leonard, 41, Grenfell Avenue, Mexborough, Yorks.
*†Westwick, Matthew Charlton, 47, Gwendwr Road, West Kensington, W.14.
*Wheeler, Phyllis Dorothea, 38, Birch Grove, Acton, W.3.
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*White, Gladys Minnie, 29, Ranelagh Road, Wembley, Middlesex.
*White, Primrose Lottie Beatrice, 39, Courtfield Road, South Kensington, S.W.7.
*Whitehead, Annie Robertson, 5, Old King Street, Queen Square, Bath.
*Whitelam, John Squire, 94, Westbourne Grove, Westcliff-on-Sea, Essex.
*†Whitfield, Henry Michael, B.A., 111, Charlotte Street, Fitzroy Square, W.1.
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*Whitton, Kathleen E. B., General Hospital, Bristol.
*Wicks, Minnie Florence, 78, Makepeace Mansions, Hollylodge Estate, Highgate, N.6.
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*Williams, Minnie Eleanor, 12, Laurel Road, Fairfield, Liverpool.
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*Wilson, Eileen Rosalie, Hounslow Hospital, Staines Road, Hounslow, Middlesex.
*Wilson, Hilda Louisa, 28, Naylor Road, Whetstone, N.20.
§Wilson, John Albert, Hospital Superintendent, Box 25, Knights, Transvaal, South Africa.
*Winder, Helen Mary, Woodcroft, Bramhall, Cheshire.
*Wing, Gwendolen Tindall, Glenburn, Worcester Road, Sutton, Surrey.
*Wingrave, Etheldreda Marian Wyatt, Cedar Grange, Caterham, Surrey.
*Winn, Christine, Royal Free Hospital, Gray's Inn Road, W.C.1.
*†Winter, Frederick, City Massage Clinic, Room 501, Mansion House Chambers, E.C.4.
*Wintle, Eva Ada, National Hospital, Queen Square, W.C.1.
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*Worsfold, Doris Christobel, Royal Infirmary, Manchester.
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Y.

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Young, Eleanor Sarah Mary (Mrs.), 40, Dorset Square, N.W.1.
*Young, Margaret Dickson, 3, Dick Place, Edinburgh.

THE ROLL IN GEOGRAPHICAL ORDER

LONDON.

E.

Allen, F. W.
Christie, B.
Gorbold, C. L. (Mrs.)
Kelly, S. A.
Taylor, K. F.
Thorn, E. R.
Woolison, A. H.

E.C.

Brook, F. A.
Neil, I. F. G.
Winter, F.

N.

Bregazzi, C. A. C.
Brooks, B. M.
Chambers, D.
Clippingdale E. L.
Crowley, E.
French, The Lady Essex E., O.B.E.
Garside, J. W.
Harrison, M. G.
Holloway, P. M.
Hopgood, E.
Johnson, K. H. M.
Kerry, P. C. C.
Massey, E. M.
Myers, D.
Ockenden, D. V.
Pugh, H.
Reid, G.
Smith, D. M.
Smith, T.
Sochon, E. C. H. (Mrs.).
Stempel, J. T. C.
Taylor, G. F.
Teasdale, B.
Wicks, M. F.
Wilson, H. L.

N.W.

Ansell, L. F.
Berliner, E. M.
Bowman, A. J.
Brown, G. A.
Caulfield, S. E.
Clemence-Nicholls, J.
Davis, J.
Drakeford, E. P.
Filmer, H.
France, W.
Hutcheon, S. S.
Jones, N. H.
Krohn, W.
Leitch, I. R.
Lewis, E. M.
Linton, L. M.
McAlister, W. M.
McConnel, Lieut.-Col. J. K., D.S.O., M.C.
Mohr, D. L.
Morris, R. E.
Penfold, C. H. (Mrs.).
Richards, E. D.
Riley, L. E.
Squire, N. M.
Squirrell, G. E. M.
Taylor, G. M.
Thornton, J.
Whittingham, B. E.
Yorke, W. J. (Mrs.).
Young, E. S. M. (Mrs.).

S.E.

Barnicoat, K. I.
Bate, E. M.
Best, M. K.
Birrell, A.
Blenkarn, G.
Blomfield, M. E. B.
Campling, M.
Dainton, C. E. (Mrs.).
Davies, M.
D'Oyley-Watkins, L.
Gaskell, J.
Gedge, C. E.
Gotts, E. M.
Grundy, G.
Hide, E. M.
Holdway, V.
Holmes, E.
Hudson, E.
Jackson, D. G.
Johnson, D. W.
Kelly, M. G.
Leary, A. T.
Looker, K.
Mackenzie, J. S.
Mackey, S. C.
Mason, M. E.
Molyneux, M. E.
Nethery, D. E.
Permain, M. K.
Robinson, M. E.
Robinson, S. M.
Ross, E. H.
Slater, D. E.
Woodcock, G. A.

S.W.

Almond, V. W. A. (Mrs.).
Bangham, M. M.
Banks, L. M.
Barrow, K. S.
Beckton, N. F. M.
Bridge, V. M. C.
Burnell, W. D. A.
Cohen, A. J.
Costigan, H. W.
Cree, A. M.
Creswell, D. M.
Daniel, M. G. M.
Davies, A. H.
Day, F. E.
Drummond, H. P.
Edgecombe, J. M.
Eustace, E. M.
Foster, E.
Fraser, N.
Futcher, M. A.
Gardner, J. (Mrs.).
Garnett, M.
Going, E. M.
Grice, J. B.
Hallam, C. L.
Hampton, J. W.
Hannaford, A. M.
Henry, K. M.
Ison, C. C.
Jones, S. M.
Keane, M. D.
Lewis, F.
Lockie, I. S.
Macartney, H.
McCormick, G. A.
McCrone, D. F.
McHutchon, J.
Milne, M. E.
Moore, A. H.
Northcott, I. M.
O'Dowd, A. M. B.
Purser, H. N.
Reed, J. M.
Reid, J.
Reilly, S. C.
Robinson, Captain H. R.
Roche, E. D.
Ross, J.
Rudd, I. F.
Scott, W. T.
Smith, I. M.
Smith, O. F. G. (Mrs.).
Tarry, S. C.
Thompson, P. E. (Mrs.).
Trunper, E. C.
Tyler, S. M.
Walsh, A.
Walsh, M.
Wasson, J.
Webster, M. A.
White, P. L. B.
Wood, M.
Wyatt, D. M.

W.

Abbott, D. A.
Anderson, H. M.
Atkinson, A. I. (Mrs.).
Balshaw, J.
Bannerman, K. M. T.
Bawden, W. G.
Beare, B. J.
Bendixson, B. E.
Blake, A. P.
Boyd, H. A.
Bridgwater, E.
Bristow, G. E.
Broadley, K. N.
Cannon, S. H.
Clarke, D. M. P.
Clay, C. B.
Clunies-Ross, M. I.
Coxwell, E. F.
Coxwell, M. V. (Mrs.).
Cranford, V.
Cross, N. H.
Crowe, F. H.
Deacon, R. J.
Dinham, A. M. (Mrs.).
Doyle, M.
Durston, D. S.
Fagan, J. M.
Firth, E. G.
Francis, L.
Gaskell, G. M. H.
Gee, A. E.
Goodman, A. C. (Mrs.).
Grave, E. M.
Grennell, E. M.
Harris, V.
Hawke, I. M. M.
Hooper, D. L.
Joly, C. C.
Julian, A.
Keane, J. A.
Kent, S.
Knowles, O. A.
Langley, M.
Layng, A. C.
Lee, H. M.
Le Quesne, R. M.
Lewis, I. A.
McPherson, M. M.
Meikle, J. C. I.
Moore, N. N.
Moore, W. G.
Peters, B. H.
Pratt, G. U.
Ridgway, G. W.
Rooff, E. M.
Russell, C. G. V.
Smith, M. C.
Snow, C. M.
Stamper, A. F.
Stevenson, W. N.
Stilwell, F. H.
Tindal, M. E.
Toft, E.
Tucker, I. H.
Vincent, E. R.
Warren, F. N. R.
Weeks, N. G.
Westwick, M. C.
Wheeler, P. D.
Whitfield, H.M., B.A.
Witt, H. A.
Wright, K. M. A.

W.C.

Evans, J. N.
French, H. M.
Groves, E. M. H.
Millington, A. A. (Mrs.).
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Rust, I. S.
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Winn, C.
Wintle, E. A.

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Owtram, M. H.

ASHTON-UNDER-LYNE.

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ASPATRIA.

Ross, E.

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Ware, W. H.

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Martin, M. M. T.

BATH.

Atcherley, E. M.
Robinson, D. M.
Whitehead, A. R.

BECKENHAM.

Baker, V. H. F.
Bulman, C. R.
Davy, M.
McArdle, M.
Sky, W.

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Gabriel, L. A.
Potter, N. E.

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Exley, J. E.
Rattray, L.

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Briggs, M. T.
Chabot, I.
Clachan, J. H. H.
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Crossley, R.
Hannay, M.
McAlister, R.
Stewart, E. M.
Tattersall, R.
Wallis, M. G.

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Batt, E. M.
Bennett, F. E.
Best, F. P.
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Cherry, D. E.
Child, E. M.
Ching, M. E.
Claypole, J. M.
Fletcher, E. M.
Gould, R. B.
Howell, E. G.
Jameson, C.
Jenner, H. L.
Jones, E. V.
Little, L. A.
Littlewood, C. M.
Lund, M. H.
McInnes, S. W.
Milbank, E. C.
Peace, M. M.
Pratt, M. E.
Schipper, E.
Smith, F. R.
Thompson, F. M. (Mrs.).
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Wear, C. E.

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Frere, U. L.

BLABY.

MacLucas, A. A.

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Bishop, H.
Connor, C.
Nield, G. A. M. (Mrs.).

BLACKPOOL.

Butterworth, A.

BOLSOVER.

Smith, J. H.

BOLTON.

Cox, G. S.
Vickers, H.

BOOTLE, LANCASHIRE.

Rickman, L. E.
Treherne, E. M.

BOURNEMOUTH.

Andrews, M. V.
Farmar-Binghurst, H.
Fawcett, C. J. R.
Hall, M. A.
Messenger, M. H.
Pettit, E. F.
Pickersgill, F.

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Ferrand, H.

BRAMHALL.

Winder, H. M.

BRENTWOOD.

Johnson, D. L. (Mrs.).

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Gye, F. E.
Pocock, A. R.

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Sanderson, G.

BRIGHTON.

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Barber, C. T. (Mrs.).
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Girling, W.
Goldsmith, E. J.
Hamilton, M. K.
Hudson, C. W.
Kennard, H.
Lovell, E. M.
Mead, G. E.
Pond, E. M.
Pouter, A. M.
Ward, K. M.

BRISTOL.

Anstey, D. E.
Bickle, W. J.
Chillcott, C. J.
Christofferson, M. A. F.
Davis, A. E.
Hawkes, M. A.
Jay, G. de Lancy.
Jenkins, D. M.
Lucas, H. B.
Mortimer-Scott, D. W.
Oddie, M. D.
Palmer, E. V.
Paul, V. J.
Pratt, D. L.
Robertson, C. V.
Rowsell, E. G.
Scott, A. J.
Smith, J. A.
Smith, V. C. V.
Smith, W. C.
Spackman, M. H.
Stephens-Jones, N.
Tanner, A. E. R.
Taplin, W. C.
Thomas, R. C.
Timmins, K. M.
Whitton, K. E. B.

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Spencer, C. M. P.

BROMLEY, KENT.

Brookes, D.
Harris, E. M.
Sharpe, M. U.

BURGESS HILL.

Poths, B. C. M.

BURNLEY.

Byford, H.
Clark, G.
Hartley, A.
Ibbotson, A. C.

BURTON-ON-TRENT.

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BURY, LANCASHIRE.

Pixton, E. (Mrs.).

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Shave, M. L.

BUXTON.

Bradshaw, E.
Lynde, A. B.
Rigby, A. C.

CARSHALTON.

Bentley, M. M.

CATERHAM.

Wingrave, E. M. W.

CHAILEY.

Lindop, G. M.

CHATHAM.

Hutley, V. H.

CHEADLE.

Pratt, M. C. E.

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Claxton, A. M.

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Croot, B. M.

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Hawkins, G. P.

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Bancks, M. (Mrs.).
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Knight, L. M.

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Palmer, E. J.

COLNE.

Hargreaves, P.

CONSETT, CO. DURHAM.

Simon, J.

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Stiff, F. A.

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Ayre, M. B.
Bascombe, A. M.
Hodges, E. K.

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Joules, E.
Mayo, M. M. E.
Pearse, H. M.
Robertson, O. R. (Mrs.).

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Venables, E. W.
Waller, D. H.

CHESHAM BOIS.

Farrar, C. L.
Field, A. W.

CHESTER.

Rushton, A.

CHESTERFIELD.

Dyer, N. E. M.
Green, L.

CRAWLEY DOWN.

Nievens, H.

CREWE.

Giffin, R.

CROYDON.

Bates, K.
Berry, C. L.
Gray, C. M.
Howgrave, W. M. K.
Lancaster, J. A.
Moss, M. I.
Moss, M. E.
Oliver, M.
Steel, E. A. A.
Williams, D. M.

CULLERCOATS.

Thomson, E. K.

DERBY.

Hopkins, W. M.
Kirby, R.
Montgomery, M.
Moon, K. O.

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Moore, N. A.

DONCASTER.

Hughes, M. H.
Parrett, L. A.
Walkinshaw, R. (Mrs.).

DOVER.

Bennett, A.

DRIFFIELD.

Beachell, H. E.

DROITWICH.

McDowell, H.

DUDLEY, WORCESTERSHIRE.

Preedy, C. M.

DURHAM.

Picton, M. E.

EAST BOLDON.

Jespersen, E. M.

EASTBOURNE.

Crawford, J.
Day, V. A.

EDGWARE.

Fernberg, T. F.
Rees, M.

EXETER.

Bradbeer, D. M.
Palmer, D. S.
Peto, A. G.

FALMOUTH.

Stewart-Brown, J. S.

FARNHAM, SURREY.

Ward, E. D. K.

FLEET.

Kennedy, O. E.

FOLKESTONE.

Chambers, E. P.
Mickleburgh, E. A.
Nicholas, I. A. T.

FRODSHAM.

Canvin, G. H.

GIDEA PARK.

Banks, V. R.

GLOSSOP.

Burke, R. J.

GOOLE.

Matthewman, F. E.

GRANTHAM.

Ward, L. M. (Mrs.).

GREENFORD.

Harding, W. H.

GRIMSBY.

Smith, R.
Sparkes, P. J.

HAILSHAM.

Wright, M. E.

HALE.

Benton, E. W.
Scholefield, G. V. (Mrs.).

HALIFAX.

Fitzgerald, K. E. (Mrs.).
Fitzgerald, R.

HAMPTON, MIDDLESEX.

Briggs, A. T.
Mitchell, A. F.

HARPENDEN.

Lacey, B.

HARROGATE.

Powell, A.

HARROW.

McLennan, E. J.
Marriott, F. R.
Sidebottom, A.

HASTINGS.

Hewett, S. G.

HATCH END.

Elsmore, B. A. (Mrs.).

HAYWARDS HEATH.

Howell, L.

HEMEL HEMPSTEAD.

Mort, C.

HERTFORD.

Biggs, A. A.

HESWALL.

Anderson, M. B.
Carlisle, G.
Maitland, E. K.

HIGH BARNET.

Moir, E. G. C.

HILLINGDON.

Woodcock, E.

HINCKLEY.

Day, A.

HINDHEAD.

Pearman, D.

HOLMER.

Haines, M. M.

HORNSEA.

Midgley, D. J.

HOUNSLOW.

Wilson, E. R.

HOVE.

Battle, I.
Dalzell, P. M.
Gruby, E.
King, L. R.
Moore, K. M.
Nash, N.
Oxenham, W. H. J.

HOYLAKE.

Dowden, D. M.

HUDDERSFIELD.

Swallow, A.
Waddington, C. A.
Waddington, D. C. (Mrs.).

HULL.

McFarlane, M. I.
Overton, S. H.

HYDE.

Rogers, N. C.

ICKENHAM.

Falle, H. B. (Mrs.)

ILFRACOMBE.

Broad, B. K.

ILKESTON.

Cox, A. W.

IPSWICH.

Edwards, G. E. G.
Gage, B.
Palmer, E. J.

KETTERING.

Everard, D. E.

KIDLINGTON.

Prestidge, R.

KINGSTON-ON-THAMES.

French, E. K.

KIRBYMOORSIDE.

Bramer, E. S.

LAMPTON.

Mace, A.

LANCASTER.

Hall, I.
Ogley, B. L.

LEAMINGTON SPA.

Fooks, G. C.
Pottage, E. M.

LEATHERHEAD.

Bates, E.
Hawker, A. J. E.
Rickards, T. F.

LEEDS.

Chaplin, R. J.
Granville, M.
Pallister, B.
Wade, W. S.

LEEK.

Trafford, F.

LEICESTER.

Doudney, L. B.
Lancashire, A. E. B.
Mens, M. E.
Norbury, M.
Tervet, A. W.
Walker, M.

LETCHWORTH.

Wightman, K. F.

LEWES.

Dobson, E.
Reeves, G. E. A.

LITTLEHAMPTON.

Keppel, N. M. J.

LIVERPOOL.

Aberdein, F. M.
Birmingham, H. M.
Chuck, M.
Chuck, S.
Cowan, R. E.
Daniels, G. A.
Francis, E. M.
Hughes, M.
James, M.
Jones, L.
Langfield, L. A. J.
Loader, S. (Mrs.).
Mace, D. A.
Peck, P.
Ramsbottom, D.
Reid, L. M. K.
Reilly, S.
Smith, L. M. A.
Spencer, G. M. (Mrs.).
Stitch, E. A.
Williams, M. E.

LOUGHBOROUGH.

Clemerson, G. M.

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Colley, J. McL.

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Turner, M. B.

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Shaw, E.

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Ingram, J.

MAIDSTONE.

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Moore, E. M.

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Forster, G. M.
Stallard, F. M.

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Ball, J. W.
Berry, M. A.
Bowler, K.
Caldwell, E.
Carlton, J. E.
Dyson, C.
Farron, M. L.
Lawson, M.
Lee, D.
MacGill, D. J.
Mounsey, I. W.
Royle, M. H.
Scott, W. C.
Taylor, H.
Taylor, M. A. (Mrs.).
Taylor, W.
Weller, G. M.
Worsfold, D. C.

MARKET HARBOROUGH.

Ashby, E. A.

MARK'S TEY.

Stacey, G. C.

MELKSHAM.

Batson, W. F.

MEOLS.

Howorth, B. S.

MEXBOROUGH.

Wells, L.

MITCHAM.

Savage, E. W.

MITCHAM COMMON.

Belcher, F. E.

NETLEY.

Mines, A. G. A.

NEW BARNET.

Curd, R.
Puzey, J. S. M.

NEWCASTLE-ON-TYNE.

Bell, M. I.
Danielsen, F. K.
Flick, A. M.
Horsley, H. E.
Kaplan, I. M.
Nicholson, M. G.
Nixon, J.
Pearey, W. S.
Renton, S.
Squance, E. G.
Vipond, M. J. T.

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Hargraves, W. A. M.

NEW MALDEN.

Jackson, F.

NEWTON ABBOT.

Culross, J.

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Emerton, E. M.

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Bullock, I. P.
Forrester, M. G.
Garratt, H. E.

NORTH SHIELDS.

Hogg, A. M.

NORTHWICH.

Alderson, D. R.
Berry, W. B.

NORWICH.

Andrews, J. M.
Baly, A. M.
Fitch, B. M.
Hughes, F. H.
Owles, C. M.

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Bentley, H.
Hemingway, B. E.
Normayle, E.
Taylor, M. O.

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MacGregor, A.
Worrad, W.

ORPINGTON.

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Geflowski, A.
Hawkes, F.
Sales, E.

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Coates, W. H.
Croker, A. M. A.
Durst, M. E.
Fisher, G. E.
Hutcheson, A. M.
Isaacs, E. M.
Odgers, F. M.
Stringer, L. M.

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Macpherson, J. R.

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Speak, H. M.

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Mossop, E.
Waddelow, S. M. de Laney.
Walkinton, E. M.

PINNER.

Jervelund, W.
Millard, W. M.

PLYMOUTH.

Batten, R.
Chard, J. N.
Lush, M. N.
Middlemiss, R.

PORTSMOUTH.

Child, W. S. D.

PRESTON.

Seed, M.

PURLEY, SURREY.

Batt, W. M.
Gold, G. H.
Raven, B. J.

RADLETT.

Eley, M.

READING.

Brown, A. A. H.

REDHILL.

Collins, W.
Dixon, E. B.

REIGATE.

Dennison, J. D.

RICHMOND, SURREY.

Haines, B. E.
Wolfgang, C. D. C.

RICKMANSWORTH.

Thornton, C. M.

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Willis, C. M.

ROCK FERRY.

Mantle, J. M.

ROMFORD.

Ernst, M. G.
May, M. M.

ROTHERHAM.

Davies, E. E.

RYTON, CO. DURHAM.

Reed-Lye, R.

SAFFRON WALDEN.

Edgerley, E. V.

ST. ALBANS.

Gray, D.

ST. AUSTELL.

Dyer, D.

ST. LEONARDS-ON-SEA.

Gibbins, F. J.

SALTBURN-BY-SEA.

Maddison, D.

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France, G.
Hirst, R. V.
Shaw, E.

SEAFORD.

Gardner, C. E.

SEVENOAKS.

Bamford, M. E. M.
Wilson, B. A.

SHEFFIELD.

Greaves, C.
Mulcoury, A.
Plant, M.
Priestman, U. M.

SHEPPERTON.

Preston, M. M.

SHERBORNE.

Warleigh, I. M. G.

SHIPLEY, YORKSHIRE.

Guthbrod, A. E. M.

SHREWSBURY.

Cleall, F. A.
Hayes, A. M. F.

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Astell, M. G. D.
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Shrubsall, V.

SITTINGBOURNE.

Luck, D. G. H.

SKELMANTHORPE.

Stephenson, H. B.

SLOUGH.

Lewin, C. H.

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Burt, J. H.
Hanly, H.
Moberley, E. I.
Sanders, D. H. I.
Thorpe, F.

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Gent, M. L. B.
Harrison, J. S.
Rainey, S. G. A.

SOUTHSEA.

Stormont, W. A.

SOUTH SHIELDS.

Barfett, J. (Mrs.).

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Faulkner, M.
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Locke, A. M.
Whitaker, H. M.
Yearsley, M. C.

STOKE-ON-TRENT.

Baxter, L.
Holmes, H.
Kendall-Tobias, W. H.
McClelland, M.
McDonald, L.
Seager, E. E.
Shortt, G. N.
Wallett, R.

STOURBRIDGE.

Parkinson, A. M.
Pearce, D. M.
Pearce, E. L.

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Honywood, A.

STREETLY.

Ballance, S. A. (Mrs.).

STUDLEY, WARWICKSHIRE.

Bodger, D. I.

SUNDERLAND.

Ferguson, R. F.
Gooseman, G.
Pattison, T.E.

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Bursnoll, G. W.

SURBITON.

Blaser, A. E. (Mrs.).

SUTTON, SURREY.

Hernaman-Johnson, J. E. (Mrs.).
Secretan, U. J.
Wing, G. T.

SWANLEY.

Fletcher, M.

SWINDON, WILTSHIRE.

Grainge, H. M. W.

TEDDINGTON, MIDDLESEX.

Robinson, F. M.

THORNTON HEATH.

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TORQUAY.

Hardacre, N.
Hooper, E. B.
Stevenson, T. K.
Trethewey, P. K.

TUNBRIDGE WELLS.

ffolkes, H. R. E.
Stokes-Rees, A.
Vyse, W.

TWICKENHAM.

Sylvester, L. J.

TYNEMOUTH.

Forster, F. E. W.

WALLASEY.

Caldwell, A.
Cook, R. H.
Griffin, E. M.
Hulme, J.
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Shaw, J. B.
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Flannery, M. J. V.

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The British Medical Association

PATRON: HIS MAJESTY THE KING

President: W. HARVEY SMITH, M.D., LL.D.,

Professor of Ophthalmology, Manitoba Medical College; Ophthalmologist, Winnipeg General Hospital

AN OPEN LETTER TO NON-MEMBERS

DEAR SIR OR MADAM,

In 1932 the British Medical Association will celebrate its Centenary in Worcester and in London, under the Presidency of Lord Dawson of Penn, P.R.C.P. This will be an event of more than professional importance, as it will serve to emphasize the work of the Association in the interests of the public as well as in those of the medical profession; and its Imperial character will be brought out by the attendance of representative members of the Association from all over the British Empire, in addition to representatives of medical bodies from foreign countries.

The British Medical Association is the largest, oldest, and most powerful of British medical organizations. It was founded in 1832 to promote the medical and allied sciences, to maintain the honour and interests of the medical profession, and to foster a feeling of friendship among the members of the profession. The work of the Association is thus fourfold: (i) It acts for the profession collectively in medical matters affecting the common weal; (ii) it guards the profession against unfair attack, whether legislative or other; (iii) by its work in promoting medical science and the spirit of comradeship, it helps the individual practitioner to be more efficient and of greater use to the community; and (iv) it helps its members individually.

With these aims in view the Association and its local groups—namely, the Divisions and Branches mentioned below—hold meetings at which medical, medico-sociological, and allied subjects are dealt with; nor is the social side forgotten. It publishes the *British Medical Journal*, the *Archives of Disease in Childhood*, the *Journal of Neurology and Psychopathology*, an *Annual Handbook*, a *Handbook for Recently Qualified Medical Practitioners*, and other publications; gives scholarships, grants, and prizes for clinical and research work; owns a commodious building for the housing of its central activities; is in possession of very considerable funds and resources; has an excellent library, central and circulating; and spares no effort in assisting its members individually in all aspects of their professional lives.

The fact that it is a great Imperial Association, with powerful Branches and an extensive membership in all parts of the British Empire, should also appeal to those who value those intangible links which bind the Empire.

PREMISES OF THE ASSOCIATION

The new House of the Association at 19, Tavistock Square, London, opened in the summer of 1925 by His Majesty the King, is a popular meeting-place for its members, when visiting London. There are also Houses or Offices of the Association at Adelaide, Brisbane, Cape Town, Dublin, Edinburgh, Melbourne, Perth, W.A., Sydney, Wellington, N.Z., and elsewhere.

ITS CONSTITUTION AND ADMINISTRATION

The Association is practically a federation of local medical societies, called Divisions. A Branch consists usually of a group of Divisions. A member of the Association is, *ipso facto*, a member of the Division and Branch in the area of which he or she lives. The Divisions and Branches, and the Association of which they form part, are democratic bodies, the government of which is in the hands of their members.

The funds and resources of the Association are commensurate with a membership of over 35,000.

The general control and direction of the policy and affairs of the Association are vested in the Representative Body, which is elected by the Divisions throughout the Empire, and meets annually. The Council, or executive, of the Association is elected partly by the Branches throughout the Empire, and partly by the Representative Body, and also includes representatives of the Royal Naval, Royal Air Force, Army, and Indian Medical Services. Among the Committees of the Association are Ethical, Finance, Hospitals, Insurance Acts, Journal, Medico-Political and Parliamentary, Naval and Military, Organization, Public Health, Science, Irish, Scottish, Welsh, and Dominions, India, Colonies and Dependencies Committees. The Insurance Acts Committee is the executive of the Annual Conference of Representatives of Local Medical and Panel Committees, which are the statutory local professional committees under the National Health Insurance Acts.

PRIVILEGES OF MEMBERSHIP

The privileges of a Member of the Association include:—

1. **Participation in all the activities of the Association, local and central.**
2. **Receipt weekly, free by post, of the *British Medical Journal* and its *Supplement*, one of the leading medical journals of the world, and one of the most widely read.**
3. **Participation in the government of the Association, local and central, and in the formulation of its policy.**
4. **Use of the Headquarters Houses of the Association. At the London House the facilities include Reference and Lending Libraries; club-room accommodation, with facilities for light refreshments; and garage and telephone facilities. From the Lending Library, Members in the British Isles can borrow books free of charge.**
5. **The advice and help of the Central Staff in professional matters affecting him or her individually.**

CURRENT ACTIVITIES

An idea of the vastness of the work of the Association, and its claims on the support of the profession, can be got from the Annual Report of the Council of the Association, published in the *B.M.J. Supplements* of February 21st, April 25th, and May 2nd, 1931. The Report deals with matters vitally affecting every member of the profession, and shows that there is no aspect of professional work which does not receive the attention of the Association.

Three collective clinical investigations have recently been undertaken by the Association—namely, the treatment of varicose ulceration (*B.M.J.*, December 22nd, 1928), the after-history of gastro-enterostomy

(*B.M.J.*, December 7th, 14th, and 28th, 1929, and February 22nd, 1930), and the incidence of cancer and its history after treatment. Already 3,500 practitioners are co-operating in the cancer investigation, further collaborators are invited, and the result of the inquiry will be published in due course.

The Association's action in the interests of whole-time members of the Public Health Service has resulted in very considerable improvements in their position and remuneration, and the matter is under continuous consideration.

The "British Medical Bureau," now in close connexion with the Association, transacts all medical agency and accountancy business, and members of the Association have the benefit of a reduced scale of charges.

The Association's work affects every member of the profession, and since this work can be made more and more effective as it includes more and more practitioners, the Association with confidence asks for the support of every medical man and woman registered in the Empire.

APPLICATION FOR MEMBERSHIP.

You are most cordially invited, if not already a Member of the Association, to apply for membership, and I would especially direct the attention of practitioners resident outside the British Isles, and of those newly qualified, to the liberal concessions made to them as regards subscription. Members of the Medical Services of the Navy, Army, Air Force, and India, on whose behalf the work of the Association is unceasing and invaluable, also enjoy a substantial concession in this respect.

The form of Application for Membership, printed at page iii of this *Supplement*, should be signed and sent to the Medical Secretary, British Medical Association House, 19, Tavistock Square, London, W.C.1. Inquiries as to the work of the Association are welcomed.

Yours faithfully,

Alfred Cox

Medical Secretary.

GROWTH OF THE ASSOCIATION

FIFTY YEARS' PROGRESS

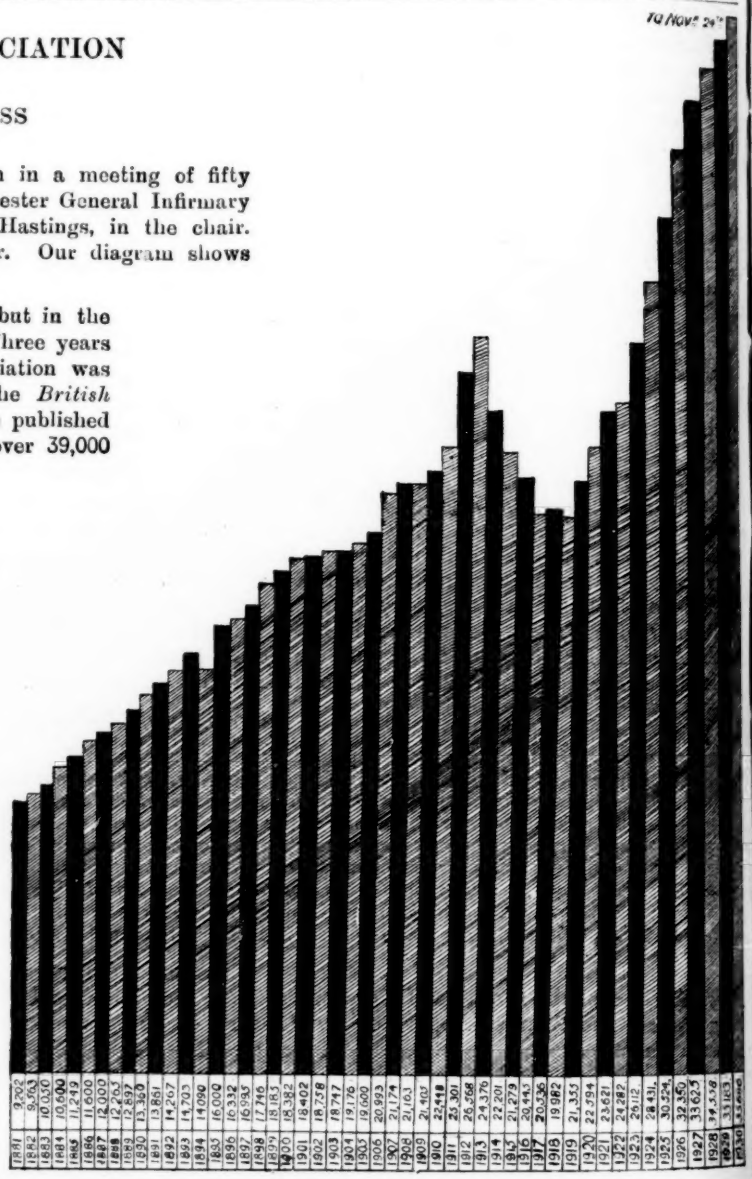
THE British Medical Association had its origin in a meeting of fifty medical men held in the Board Room of Worcester General Infirmary in July, 1832, with the Founder, Sir Charles Hastings, in the chair. The Association is thus in its ninety-ninth year. Our diagram shows the membership figures for the last fifty years.

From 1832 to 1854 the growth was slow, but in the latter year the figure of 2,000 was reached. Three years later, in 1857, the weekly Journal of the Association was issued for the first time under the title of the *British Medical Journal*. The *Supplement* began to be published in 1904. The circulation of the Journal is now over 39,000 copies a week.

From 1866 to 1912 the membership rose in staircase fashion from 2,462 to 26,568. In some years the step was comparatively small, in others large, but the ascent was continuous.

The rapid rise in 1911 and 1912 was due to the professional upheaval that followed the introduction of the National Insurance scheme. Many practitioners who joined the Association solely on that account resigned soon afterwards, and the fall from 1913 to 1918 was due to that and to the dispersal of a large part of the profession during the war. Since 1918 the ground lost has been far more than regained.

In 1914 the annual subscription was raised to 2 guineas, and this may have contributed to the fall in membership. Nevertheless, though the subscription was again raised, in January, 1921, to 3 guineas, no decrease of membership followed. On the contrary, the total number of members has grown year by year, and during the past twelve months there has been a further gain. The membership is now over 35,000, representing a net increase of more than 15,000 since the war.



DETACH HERE

BRITISH MEDICAL ASSOCIATION

FOUNDED 1832

Patron: HIS MAJESTY THE KING

THE BRITISH MEDICAL ASSOCIATION is established for the promotion of the Medical and allied Sciences, and the maintenance of the honour and interests of the Medical Profession. It has Divisions and Branches throughout the British Empire. There are 45 Branches and 208 Divisions in the British Isles, and 53 Branches and 42 Divisions in the British Empire Overseas.

Any Medical Practitioner registered in the British Isles under the Medical Acts; any Medical Practitioner residing within the area of any Branch of the Association not in the British Isles who is so registered or possesses such medical qualification as shall (subject to the By-laws) be prescribed by the Rules of the said Branch; and any Medical Practitioner who does not reside within the area of any Branch of the Association and who, though not so registered, is possessed of any qualification entitling him or her to be so registered, is eligible as a Member of the Association. Members of the Association are, *ipso facto*, Members of the Division and Branch (if any) in the areas of which they reside.

The liability of Members is limited.

The annual subscription, which is due in advance on January 1st in each year, and entitles the Member to all the ordinary privileges of Membership of the Association, including Membership of the Division and Branch in which he or she resides, and the weekly supply of the *British Medical Journal* post-free, is as follows:—

(A) Members resident in the British Isles.

Ordinary subscription	£3 3s.
Member of not less than 40 years' standing	£2 2s.
Member of not less than 10 years' standing, retired from practice	£2 2s.
Member engaged whole-time in medical instruction at a university or medical school or in special research, and not in practice	£2 2s.
Newly qualified practitioner elected within 2 years of registration (up to end of 4th year after registration)	£1 11s. 6d.
Two Members, being husband and wife, residing together	£4 14s. 6d.

(B) Members resident outside the British Isles.

Member resident within the area of a Branch (or more, according to Rules of Branch)	£1 11s. 6d.
Member resident where no Branch is organized	£1 11s. 6d.

(C) Wherever resident.

Officer on the Active List of the Royal Naval, Royal Air Force, Regular Army, or Indian Medical Service	£2 2s.

In the case of a Member elected after June 30th in any year, the subscription for that year is one-half the current annual subscription.

If you desire to become a Member of the Association, please fill in and post this form to the Association, British Medical Association House, 19, Tavistock Square, London, W.C.1, with a cheque or postal order for your first subscription.* Cheques or postal orders should be crossed and made payable to "The British Medical Association." Election is ordinarily by the Council of the Branch in the area of which the Candidate resides, but in the case of Candidates resident in any area outside the British Isles where no Branch is organized, is by the Council of the Association. In the case of most Branches, NO signature, other than that of the Candidate, is required (for Branches which require approving signatures see overleaf). For election by the Council (as above), 2 approving signatures are ordinarily required. Under no circumstances are approving signatures necessary in the case of Officers of the Royal Naval, Royal Air Force, Army, Indian or Colonial Medical Service, on the Active List.

DETACH HERE

APPLICATION FOR ELECTION.

TO THE BRITISH MEDICAL ASSOCIATION,
BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

Full Christian and Surnames. **Please write distinctly.**

I,.....
a Registered Medical Practitioner, am desirous of being, and hereby apply to be, elected a Member of the BRITISH MEDICAL ASSOCIATION, and I agree, if elected, to pay the subscription and to abide by the Articles and By-laws of the Association for the time being in force, and the Rules of the Division and Branch to which I may at any time belong.

Signature.....

Qualifications.....

Permanent Address.....

.....

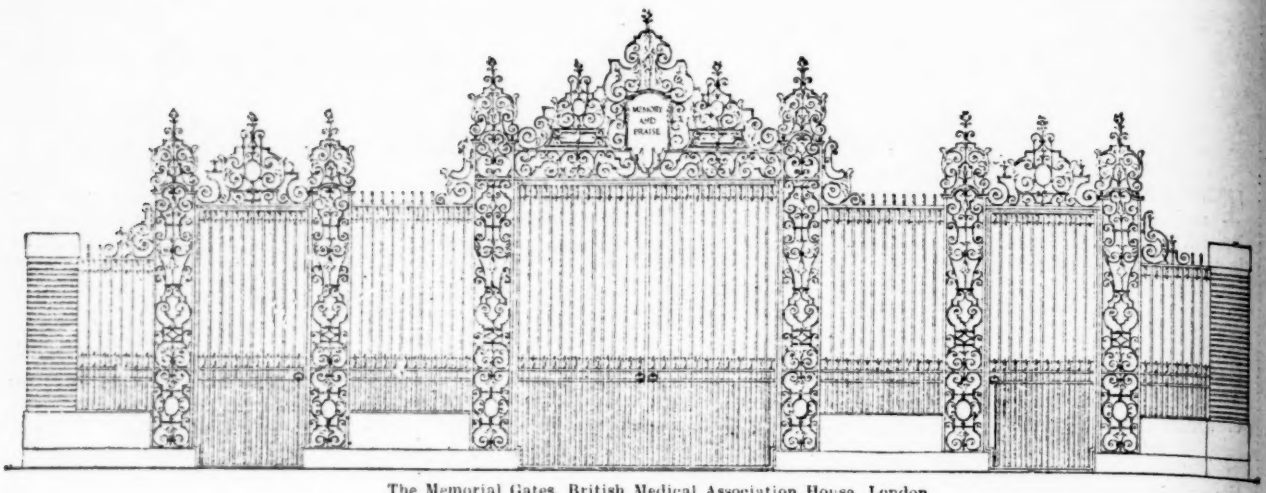
Address for Journal.....

.....

Date.....193 .

Additional Forms of Application for Membership and all particulars may be had on application to the MEDICAL SECRETARY, British Medical Association House, 19, Tavistock Square, London, W.C.1.

* Applicants for Membership resident in the areas of the *Oversea Branches* should send their applications and remittances to the Honorary Secretary of the Branch if his or her address is known to them, failing which the application and remittance should be sent to the Financial Secretary and Business Manager, British Medical Association House, 19, Tavistock Square, London, W.C.1.



The Memorial Gates, British Medical Association House, London.

ORDINARILY, **NO** *APPROVING SIGNATURES ARE NEEDED, NOR ARE THEY REQUIRED IN THE CASE OF OFFICERS OF THE ROYAL NAVAL, ROYAL AIR FORCE, ARMY, INDIAN OR COLONIAL MEDICAL SERVICE, ON THE ACTIVE LIST.*

In the case, however, of a Candidate (other than a Service Candidate) resident within any of the Branches mentioned below, or resident in an area outside the British Isles in which there is no Branch, the certificate at the foot of this page should be filled in by a Member or Members of the Association (1, 2, or 3 as indicated), to whom the Candidate is personally known.

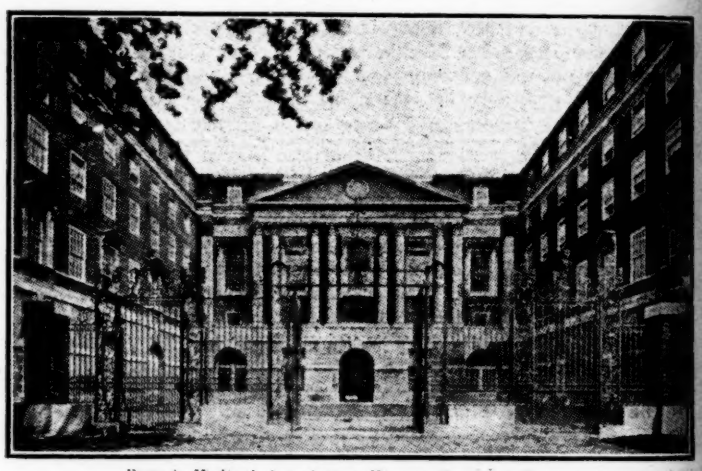
In any case of doubt or difficulty, Candidates are invited to communicate with the Head Office, B.M.A. House, 19, Tavistock Square, London, W.C.1.

***Home** Branches which require Approving Signatures.*

	No. of Signatures.
Munster	2
North of England	1
South Wales and Monmouthshire	2
Staffordshire	2

***Overseas** Branches which require Approving Signatures.*

	No. of Signatures.
British Guiana	3
Calcutta	2
Kenya	3
Mesopotamia	3
New South Wales	2
New Zealand	2
Punjab	2
Queensland	2
Tasmanian	2
Victorian	3



British Medical Association House: Court of Honour.

CERTIFICATE

[*Needed* **only** *in the case of a Candidate (other than a Service Candidate) resident within the area of one of the Branches named above, or resident outside the British Isles where no Branch is organized.*]

I (We), the undersigned Member(s) of the BRITISH MEDICAL ASSOCIATION, *hereby certify that*.....
.....named on the front page hereof, is personally known to me (us), and is a suitable person to be elected a Member of the BRITISH MEDICAL ASSOCIATION.

Signature(s)
(1) .....
(2) .....
(3) .....

THE
JOURNAL

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M.A.

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